



Col. H. H. H.

P
Med.
M

How An Expert Salesman Sells Dentistry

Details of Successful Pyorrhea Cases

THIS EDITION, 74,000 COPIES

CANADIAN EDITION

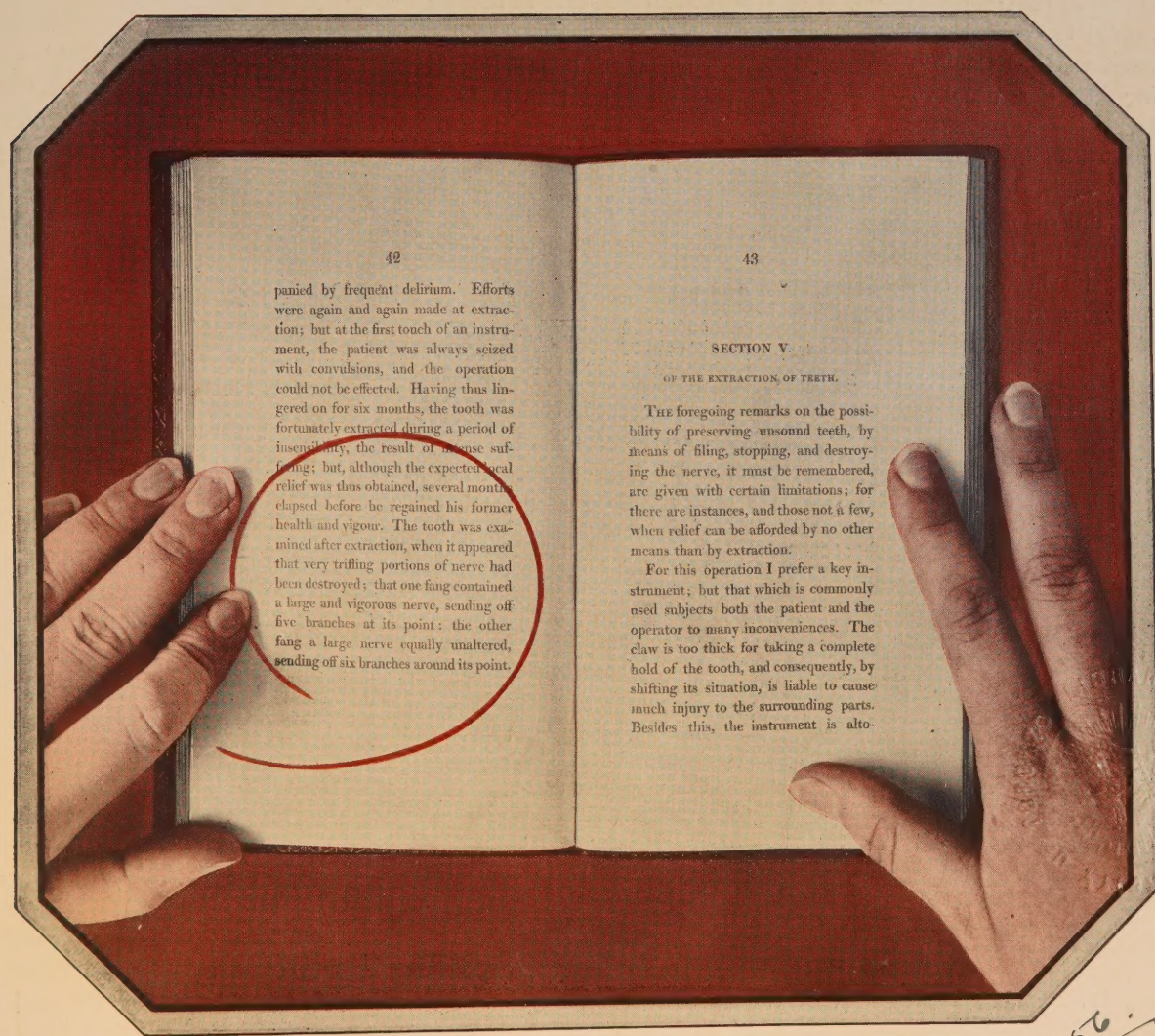
MILFORD NEWS

NUMBER

28

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

JANUARY, 1924



Eleazar Parmly Wrote About Multiple Branch Canals in 1821

24 2656.
2. 4. 30

The Pulp-Canal Problem *and* Some Other Up-to-date Observations

A Hundred Years Old

That Stubborn Pocket

"Mercitan treatment," writes Dr. J—— of Rochester, "had cleared up a bad condition for one of my patients, but a deep pocket persisted at the lower right bicuspid. By deep probing I detected something movable at the bottom of the pocket, and a few minutes, careful work brought out a piece of match stick. A few extra treatments then healed the tissues so that I could dismiss the case in satisfactory condition."

Gutta Percha and Repelac

When retention form is not practicable in a cavity that requires temporary filling, paint the cavity with Repelac, then insert warmed Caulk Temporary Stopping in the usual way. The Repelac, being a solvent for Caulk Temporary Stopping, glues the filling to the cavity walls. Trim filling to contour and paint the margins with cotton pledget saturated with Repelac. This seals the joint between stopping and cavity margins. Repelac Solvent is also useful for similar purposes. It proves almost as good as chloroform as a solvent for gutta percha.

No country ever became famous for having a large number of wealthy dentists.

than an ounce and get back to the old reliable, and feel safe and satisfied once more. For the past ten years when these propositions have been made to me, I have simply turned them down, knowing from former experience what the result would be.—*Missouri*.

He Insisted On Shaking Hands

Five years ago I removed a large gold filling from a superior lateral and replaced it with Synthetic Porcelain. Today I saw that filling, and it was absolutely as good as the day I put it in. It looked so well that at first I did not notice that the tooth was filled, and when I told the patient how long it had been in, he insisted on shaking hands with me. It made me feel so good that I had to write you.—*New York*.

Protecting Gold Work Against Mercury From Plastic Amalgam

Dr. J. E. Scott, of Seymour, Iowa, makes an excellent suggestion: "After reading all the uses you have suggested for Repelac," he writes, "I fail to see the one that in my estimation is the best. When making amalgam restora-

Scipio Led the Dance With a Skin Full

*A Brief History of Medicine, from
New York Tribune*

Dear Don Marquis: In your old Soaks histry of the world he does not say nothing about the histry of medicine. Medicine was discovered by Eucalyptus and by Hypocrites some time ago and has since been rediscovered by Dr. Munyon and Mary Baker Eddy.

One of the earliest discoveries was the benefishul effect of likker on the human system. The old Time famly doctors found out that sorrer is predjudshul to good health and is a freequent cause of many miseries and distempers. On the contrary joy and lafter and a good song ringing cleer like Sweet Adaline My Adaline prevents and drives them away. Plato, the well known and popular philosofer was one of our earliest advocates of ale wine likkers and cigars. When Plato's mind was a overflowing with publock affairs he was want to hitch hisself onto a bowl what was overflowing likewise. Scipio was another grate man who mingled manly pleasures with his bizness and was often want to lead the dance with a skin full. Plutarch was another old timer who liked to get his snoot full now and then. Plutarch was the discoverer of Pluto Water. This is the only kind of water he ever drank. Plutarch said that a siffishunt quantity of likker had the tendency to make a timid mind more sure of itself. I have noticed this myself.

The whole histry of medicine proves the value of good likker. The anshunt Greeks was called the Fathers of Wisdom because they made good wine and plenty of it. When the Turks dug up their grape vines the Greeks lost their power and where they once was the pioneers for Wine, Women and Song and their hero was Bacchus why now all they do is to run lunch counters, bootblack parlors, and candy kitchens.

Now that i have told you the beginning of the histry of medicine you can put it into your histry of the world and it will be a better histry of the world because i have told you the beginning off the histry of medicine.



Tampons for Mercitan Treatment

THE active principle of Mercitan Cream is made part of the MERCITAN TAMPONS. In use they are again saturated with Fluid or Cream and gently placed under the gum, thus neatly and effectively treating the inside of the pocket without smearing the external tissues.

Twenty-five Years' Experience

Relative to T. C. Alloy, allow me to say that for the past twenty-five years I have used practically no other alloy. From time to time during these years some one would come along and talk me into trying some other brand with the understanding that after giving it a thorough trial I could return what was left. I think without exception in these cases I have returned it after using less

tions approximating gold work of any kind, to prevent discoloration of the gold by the mercury, wash the gold with alcohol, dry it thoroughly, then paint with Repelac and dry with jet of air. This takes but a few moments and you need have no fear of discoloring the gold."

Real professional service can never be sold at bargain rates.



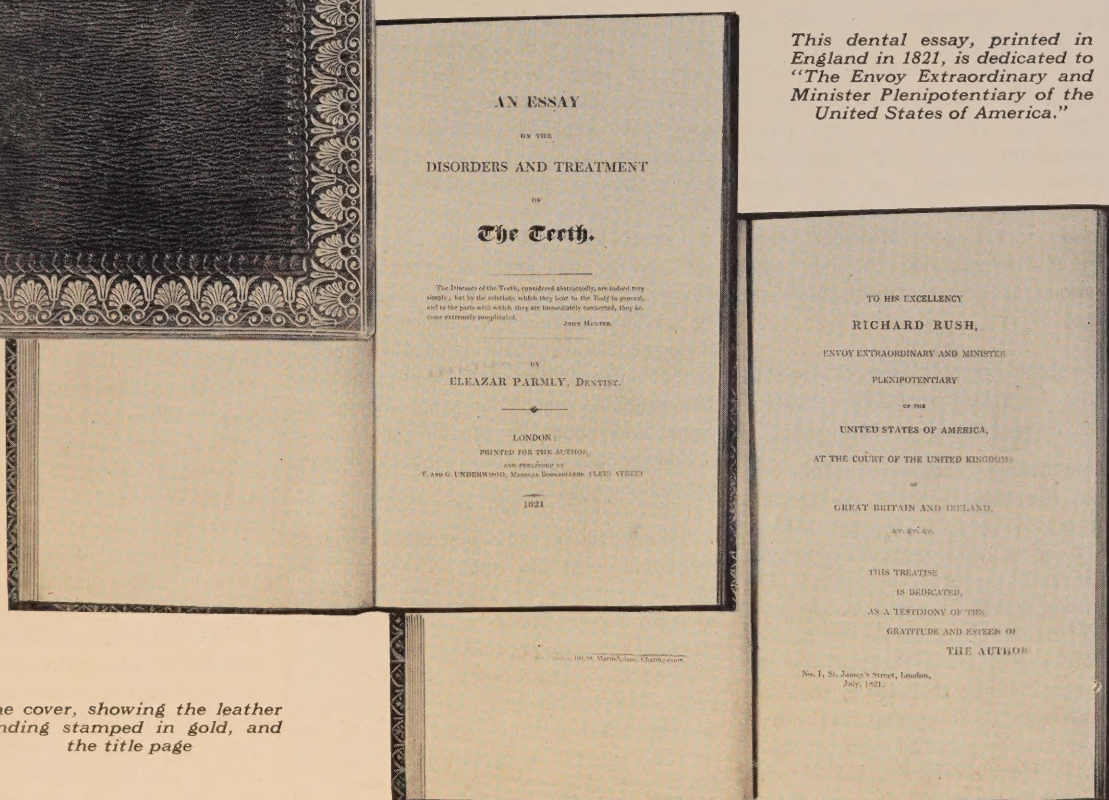
The cover, showing the leather binding stamped in gold, and the title page

"The Diseases of the Teeth, considered abstractedly, are indeed very simple; but by the relations which they bear to the body in general, and to the parts with which they are immediately connected, they become extremely complicated."

—JOHN HUNTER (1728-1793)

Some Up-to-date Dentistry A Hundred Years Ago

This dental essay, printed in England in 1821, is dedicated to "The Envoy Extraordinary and Minister Plenipotentiary of the United States of America."



THE original guesser on the pulp-canal problem was Archigenes, the Syrian surgeon who practiced his art in Rome at the end of the first century, nineteen hundred years before Osogenation. Archigenes surmised that toothache sometimes came from abnormal conditions in the interior of the tooth, and that when a tooth appeared discolored without being decayed and was painful and could not be relieved by the various popular concoctions at that time, such as boiled frogs, serpent's slough, roasted earth worms, and crushed spider's eggs, then he perforated the tooth to its center. In this way he gave egress to the products of putrefaction. The same "bugs" that cause professional perturbations today were at work then, though Archigenes and his contemporaries had no microscopes or bacteriological tech-

nique by which to detect their presence and study their habits. Archigenes practiced his puncturing and draining method and we are told he saved teeth by it.

In the subsequent attempts to fill pulp canals in a satisfactory manner, comparatively slight emphasis has been put on the ramifications of the pulp near the apex. This anatomical condition has been practically ignored in most of the worrying about the subject, until quite recently, though the fact was well known long prior to any of the modern attempts to solve the problem of sterilization and filling.

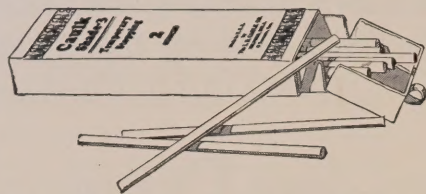
One interesting reference to the branch canals comes to light in an old volume, printed in London, 1821. The copy illustrated here is owned by Dr. George Francis Baker of Philadelphia, who acquired it as a gift from a patient. By Dr. Baker's per-

mission the volume was taken to Milford and photographed.

The red circle over the page illustrated on the cover of this MILFORD NEWS marks one of the most interesting paragraphs. Evidently the author was not very much surprised to find, in the case he reports, that one "fang" contained a large and vigorous nerve, sending off five branches at its point; the other "fang" sending off six branches.

On his title page, Eleazar Parmly gives the place of honor to a quotation from the celebrated surgeon, John Hunter (1728-1793), founder of the Hunterian Collection in the Anatomical Museum of the Royal College of Surgeons in London and inaugurator of the truly scientific epoch of dentistry in contrast to the blind empiricism that formerly prevailed.

Maximum Insolubility and Resistance to Attrition



CAULK TEMPORARY STOPPING softens uniformly, works smoothly and sets promptly at mouth temperature, becoming extremely tough and resistant. Shade-3 gives a close match for the "average" anterior tooth. Also made in the usual white and pink shades. The drop-end box is specially convenient.

Dr. Hunter's sentence, quoted by Dr. Parmly, has not suffered any diminution in its truth or significance since he wrote it. It might have been written yesterday and it will justify any amount of reprinting today.

Not all of Eleazar Parmly's writing would be interesting to the informed reader today, but the following extracts touch present interests either by revealing an old acquaintance with facts and conditions that are apt to be regarded as new, or by his reference to the agony of dental ministrations, contrasted with the comparatively innocuous methods that today's patients may enjoy.

Extracts from Eleazar Parmly's Essay on the Disorders and Treatment of the Teeth (1821)

"The following Treatise is intended to point out the several duties which come within the province of a circumspect Dentist, and to bring into a reasonable compass all that is really useful on the subject. The observations which it offers are deduced from information collected by the Author in America, France, and England, by which he is induced to believe, that the measures herein recommended are the only ones which can be adopted with prudence and safety. He conceives there are disorders of the Teeth and their appendages, which originate in constitutional causes, and others that depend altogether on the influence which the stomach and digestive organs have on the fluid secretions of the mouth."

* * *

"The teeth are the hardest and most compact parts of the human structure, as is evident from their being commonly found, after interment, in a perfect condition, when all the other bones have mouldered away. Hence we may reasonably conclude that from their formation, they are little liable to decay, and that the inattention of the individual, and the action of extraneous matter upon them, are the chief causes of those diseases with which they are oftentimes affected.

"Though to a superficial observer the teeth may appear to be a part of the body, which is little deserving of regard, yet

those, who consider the many functions, which the teeth have to perform, must allow that their claims on our attention are as many and as strong, as those of any other part of the human frame: without teeth we cannot in a proper manner prepare our food; without teeth, man's peculiar attribute of speech, is rendered not only imperfect, but even disagreeable: in short, without teeth, a countenance, in every other respect the most perfect, loses all its symmetry and character. Such instruments must merit, and, consequently, will obtain, the greatest attention from every thinking mind. Those means should be studied, therefore, which may tend to preserve them in their original perfection, and every argument used to impress upon the minds of society at large the importance and necessity of having recourse thereto, whenever circumstances may require their aid."

* * *

"Whenever tartar is permitted to accumulate around the teeth; the gums, the membrane lining the alveoli, and even the alveolar process itself, are liable to suffer, through the powers of absorption being increased by inflammatory action. It thus not unfrequently happens, that persons, through want of proper care and attention to the removal of tartar, have lost the whole of their teeth."

* * *

"From my own observations, I am induced to believe that caries is universally caused by the action of external agents, and therefore cleanliness, after the proper offices of the dentist are performed, is the only guard against it. But some teeth, from

their being of less dense structure, are less capable of resisting the action of decomposing matter, and consequently will require greater attention to ward off disease."

* * *

"One of the greatest causes of disease is an accumulation of tartar, and other accretions on the surfaces of the teeth. These extraneous matters are safely removed by the operation of scaling or cleaning the teeth.

"This object is more safely effected by instruments than by such chemical solvents as are too commonly employed: for, although the injuries they occasion are not at first perceptible, they ultimately disorder the texture, and substance of the teeth. This is not the case when the operation is properly performed by means of instruments, and is attended neither with pain to the person, nor danger to the enamel.

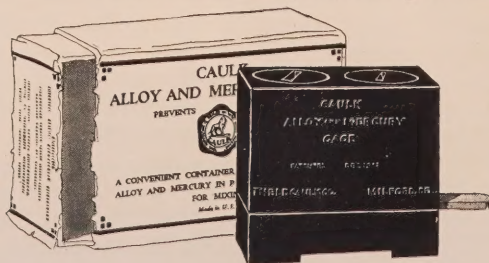
"One effect produced by diseased teeth is a swelling of the gum, generally ending in suppuration. This is commonly termed gum-boil. When of long continuance, a perpetual discharge ensues; the gums become fungous, and separating from the teeth, their fangs are exposed, and an absorption of the alveolar process naturally succeeds, unless by a timely removal of the diseased tooth, the healing of the part takes place. The adjoining teeth, in consequence of this loss of substance, lose their support, and are very frequently lost if the disease be not timely arrested. In order to prevent disappointment to persons so situated, it is necessary here to remark, that when the gums have receded so much from the teeth, as to produce an absorption of the alveolar process, the only assistance to be expected from the dentist, is the removal of all impurities from their surfaces, and the lessening as much as possible the pressure of the upper and under teeth against each other. When gum-boils are formed, if their progress be not checked, the diseased matter will extend itself into the jaw, produce mortification, and give rise to the tedious process of exfoliation."

* * *

"When stopping a tooth, the operator must be careful, before he introduces the

(Continued on page 10)

Automatic Proportioning of Alloy and Mercury



ONE well in the Caulk ALLOY-MERCURY GAGE holds a quarter-pound of Mercury and the other holds an ounce of Twentieth Century Alloy—air-tight and dust-proof. Each stroke of the plunger delivers just enough alloy and mercury for a small filling, in correct proportions.

A Dentist Has a Triple Purpose Advertising Campaign

(From Printers Ink)

What is an orthodontist? The editor of the "Bulletin" of the Direct Mail Advertising Association looked up the word in the dictionary and found out that an orthodontist is a dentist who makes a specialty of straightening crooked teeth. It is a fairly safe assumption that a great many people are not aware of the purpose in life of the orthodontist. Realizing this lack of knowledge on a subject of such vital importance as the teeth, a Pacific Coast orthodontist is using direct-mail advertising to educate the public to an appreciation of the work in dentistry in which he specializes. Through the medium of advertising he is selling his services to the public in general and to other dentists and physicians in particular who don't do such work themselves.

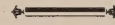
In discussing the advertising campaign of this dentist, the "Bulletin" of the Direct Mail Advertising Association states that the unusual thing about this advertising is that the doctor had the permission of the dental society in his county to do it. The pieces used were monthly calendars in two series—one to parents, and the other to professional men. They are attractive calendars, such as any home or office might be glad to use. Below, at one side of the colored picture is a short paragraph giving information about the benefits of orthodontia, and the name of the orthodontist.

The message to the parent is put in simple language, while that to the professional is couched in technical terms, adapting the message to the reader. The copy is purely educational; not a word is said about the ability of the doctor himself.

According to the association's bulletin, when the doctor was questioned as to results, he replied that the campaign has "repaid him a thousand fold." He stated that not only did he succeed in educating the mothers but that he had aroused the interest and co-operation of other dentists and physicians.

William Feather, of Cleveland, wrote the short article that follows for "Through The Meshes," one of a number of house organs which he writes and publishes for various large industrial concerns. This is an expert salesman's view of dentistry as something that can be sold, and should be sold, not by preaching of the thou-shalt and thou-shalt-not variety, but by a hard-boiled presentation of the fact that men and women (especially business men and business women) need good teeth for two good plain reasons. First, they need good teeth because they need good health. Second, they need good teeth because they need good looks. No health, no work. No work, no income. Bad teeth, bad looks. Bad looks, bad impression. Bad impression, bad business.

Good Teeth Make Good Business



BY WILLIAM FEATHER

MY dentist, apparently mindful of Theodore Roosevelt's suggestions that every man should do something to promote his profession, suggested today that I write an article on the advantage of salesmen keeping their teeth clean and in repair.

It is a pleasure to do this, because it happens that just the other day a salesman called to sell me a membership in an automobile club, and his teeth were so unsightly that I could neither see nor think of anything else while he was talking to me. I wanted to run away.

Americans have the best preserved teeth of any people in the world. In England and on the continent it is an uncommon sight to see anyone, except the very well-to-do, with a full set of natural teeth. Teeth are pulled on the slightest provocation.

Yet, even we do not pay enough attention to our teeth.

With apologies to my own dentist, who is an active advocate for his profession, I think the dentists themselves are largely responsible for this condition.

Most dentists are weak on salesmanship and the ethics of the profession do not countenance advertising.

The real work of stimulating interest in the teeth has been done by oral

hygiene societies, largely supported by the contributions of laymen.

Aside from health—sound teeth being a vital factor in good health—teeth are probably the most notable feature of the human face. In the choice between a beautiful set of teeth and a string of pearls a young woman should not hesitate a moment. Diamonds and pearls are baubles compared to teeth.

However, let us get the discussion back to where my dentist wants it—to teeth and salesmanship.

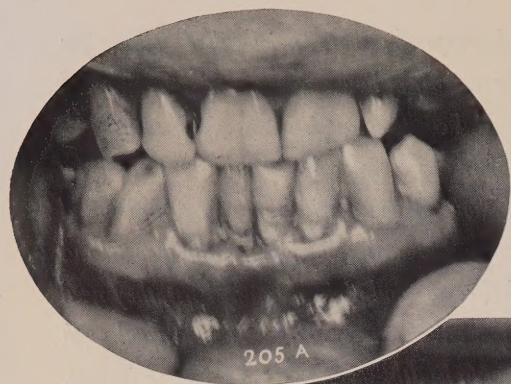
Yes, if you meet many people each day, take good care of your teeth. Eliminate the diamond ring, the platinum chain, the jeweled watch, and the studded cuff links. Open your pocket-book to your dentist. It will pay you.

Children's Cases

Have found your White Copper Cement a very fine filling for children's teeth, and have used it for some time.—*Pennsylvania.*

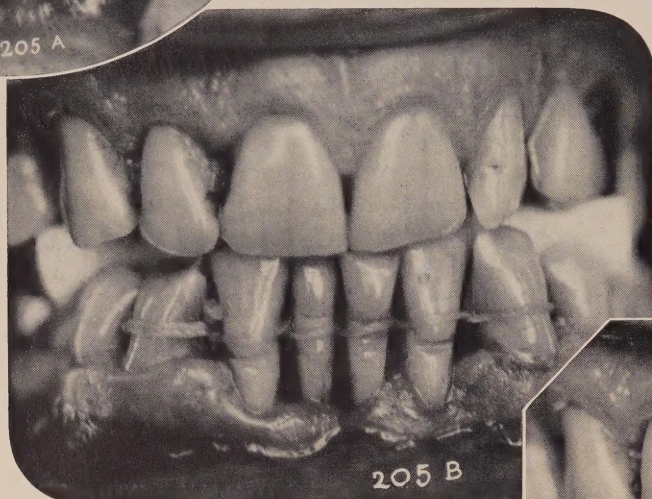
Ten Years of the Same

I have been using your Cement for the past ten years, and have always found it very satisfactory.—*California.*



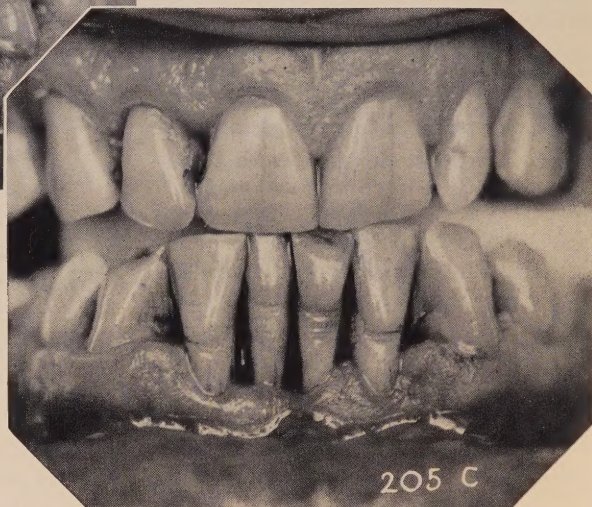
Old Recurrent Case Treated With Remarkable Success

Mercitan Case
205



First photograph
taken March 20

Third photograph
taken September 19



PATIENT had previously been treated constantly for a year or more by capable dentists but without satisfactory results. The case had been dismissed with pockets still remaining. Recurrence, therefore, was to be expected. The patient was thoroughly discouraged and skeptical about the value of any treatment, but was persuaded to visit the Caulk Clinic.

March 20, 1923. First photograph taken, also a complete series of radiograms made. These show extensive loss of bone, particularly in the lower anterior and molar regions. Lower centrals extremely loose; scaling, therefore, impossible. Grass line ligatures applied as illustrated in photograph B.

March 28, 1923. Mercitan Fluid No. 1 diluted fifty per cent applied in all pockets. Patient instructed to begin the home treatment with massage, using Mercitan Lotion full strength, and Mer Dentifrice.

April 4. All pockets treated with Fluid No. 1.

April 11. Fluid No. 1 in all deep pockets. Cream No. 2 in shallow pockets. Scaled and planed the roots where possible.

April 18. Fluid No. 1 in all deep pockets. Cream No. 2 in shallow pockets. Scaled and planed.

April 26. Fluid No. 1 in all deep pockets. Cream No. 2 in shallow pockets. Scaled and planed.

May 16. Fluid No. 2 in all deep pockets. Scaled and planed.

May 23. Fluid No. 2 in all deep pockets. Scaled and planed.

June 6. Operated on right lower molars to eliminate very deep pockets. Made ligatures as tight as possible on anterior lowers. Fluid No. 2 in all pockets, except in the region of the molars where the tissue had been cut.

June 13. Operated again on tissues adjacent to first right lower molar, also on pockets of the right upper molars, right upper bicuspid, and four anterior lowers.

June 20. Cream No. 2 in remaining pockets, and applied thoroughly about the gum margins on the parts operated on. A small poultice of Cream No. 2 was applied to the anterior lowers and allowed to remain five minutes.

June 27. Fluid No. 2 in all deep posterior pockets. Poultice repeated on anterior lowers.

July 3. Cream No. 2 in all posterior deep pockets, and poultice for five minutes on anterior lowers.

July 12. Same treatment repeated.

July 18. Fluid No. 2 in the four remaining pockets. Cream No. 2 elsewhere.

July 20. Same treatment.

July 24. Cream No. 2 on all gum margins.

August 1. Cream No. 2 on upper right molars. Poultice on lower anteriors. Fluid No. 2 on all lower molars.

August 8. Same treatment.

August 22. Same treatment.

August 29. Cream No. 2 on all parts.

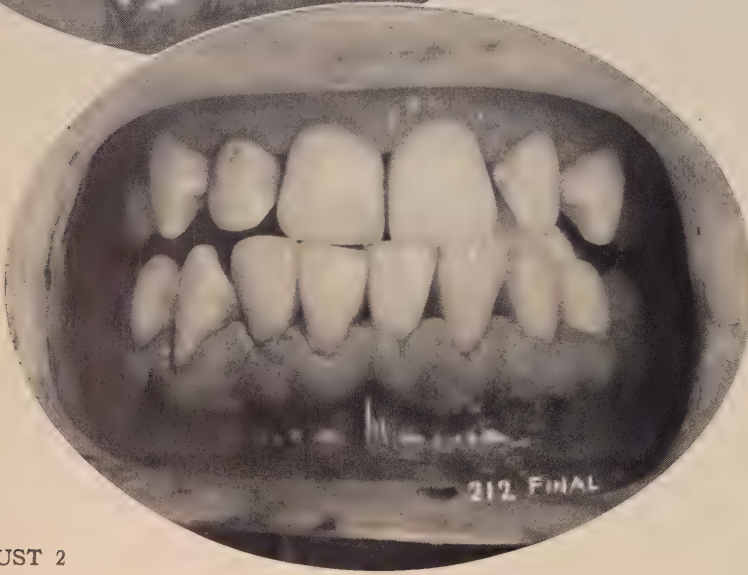
September 4. Cream No. 2 on all parts. Final scaling and polishing.

September 19. Photograph C taken. Patient dismissed with instructions to continue home treatment, and to return once a month to have the mouth sprayed and inspected.

All teeth are quite firm except the right inferior central. However, this tooth now is solid enough for normal use in mastication and even to bite an apple, and is growing gradually firmer.

Patient is delighted with the comfortable and healthy condition of his mouth.

JUNE 14



AUGUST 2

Only Four Treatments Required for Mercitan Case 212

PATIENT presented on June 14, 1923. Gums badly swollen on all the buccal surfaces. Inflammation extends into each proximal space, but does not involve the lingual surfaces excepting on the four lower anteriors. First photograph taken and patient started on home treatment with Mercitan Lotion and Mer Dentifrice. Scaling and medication was not attempted at this sitting.

June 28. Fluid No. 2 (Strong) applied to the gingival pockets about all teeth on the labial and buccal surfaces.

July 5. Fluid No. 2 again applied to all labial and lingual pockets.

July 18. Treatment with Fluid No. 2 repeated in all pockets and on buccal and labial surfaces.

July 26. Cream No. 2 applied under the free margins of the gums by means of the Stellite applicators. All pockets eliminated.

August 2, 1923. Examination only. Treatment not needed. The gums have be-

come very hard and firm. At no point does the gum tissue show that it was detached from the cementum. The only indication that pyorrhea ever existed is in two or three V-shaped scars and the blunting of the crest of the gum septa between the teeth. The indications are that these septa will again approach the contact points.

Golden Voices Are All Right But Smiles Must Now Have That Natural Look

"If you have gold teeth prepare to shed them now," says The New York Evening Sun. "They're on the toboggan. Capricious fashion has given them the gate. Once the most lustrous and decorative feature of the American countenance—the pride of the fortunate and the admiration of the

humble—they've now lost all their swank, outside of Little Africa.

"The gold caps with which dentists used to veneer offensive teeth are now looked upon as a crime against human welfare, and even as a cause of insanity. This latter accusation is made by Dr. John W. Draper, chief surgical expert of the New Jersey State Hospital for the Insane at Trenton.

"The capping of diseased teeth is responsible for much insanity," said Dr. Draper, "because it drives poison forty times as dangerous as rattlesnake poison into the system."

"The gold tooth or gold filling not so long ago was the perfectly unnecessary decoration adopted by persons who felt that their wealth and fame entitled them to display the precious metal in their mouths. In some cases these amazing individuals had perfectly good incisors or bicuspid extracted for the sake of filling the gap with solid gold teeth.

"Jack Johnson, the pugilist, was one of those patrons of decorative dentistry, and others of his race have displayed the same passion for golden display in the mouth. In fact, in Little Africa's sporting circles a buck's social position was largely determined by the number of his gold teeth."

Even the negroes, these days, shy at the filling that advertises their dental defects.

The dentist now is hard to find who used to shake his head and say that there was nothing like gold for permanency.

Everybody else knows that life itself is only a temporary state. Our natural teeth certainly are not permanent.

Our leather shoes are temporary. Steel soles would last longer, but who would want them? Ten dollar shoes last a few weeks or months at best. A Synthetic Porcelain restoration that costs five dollars (or less), lasts, when properly done—well, who knows the limit? Synthetic Porcelain fillings are known to be intact today after twelve years or more in the mouth, with all the signs in favor of lasting as long as their owners. If that isn't *practical* permanency, at economical rates, then what sort of *ideal* permanency are we looking for?

Please Remit—With Variations

(A letter with a pin stuck through it.)

"Dear Sir:

"Here is a pin.

"This is not the kind of pin the ladies pin their dresses with, or anything like that—not an ordinary pin at all, but a magic pin.

"I am going to let you have the use of this magic pin for a few minutes—and only a few minutes, for I must have it back.

"It will serve a wonderful purpose in relieving you of a long pending embarrassment.

"The real reason for this pin, and the real thing you are to use it for, is to pin your check to the attached statement, and return it to me.

"Please use it now and see what a lot of good it will do for both of us."

Very sincerely,

JOHN DOE

P. S.—"Don't forget to return the pin at once according to directions—others are waiting to use it."

Misplaced Alcohol

"Your letter relating to the Synthetic Porcelain liquid received and the new bottle also," writes a dentist of Brooklyn, N. Y.

"This on your part is more than fair, for I had not complained to the dealer.

"The liquid was spoiled (by alcohol being put in the bottle) last summer while I was on my vacation, and so many things could happen to it without my knowledge, that I felt the fault was not in the original material.

"I merely called the attention of the salesman to the liquid, asking him if he could account for the trouble. He could not, but wished to return it to you for advice.

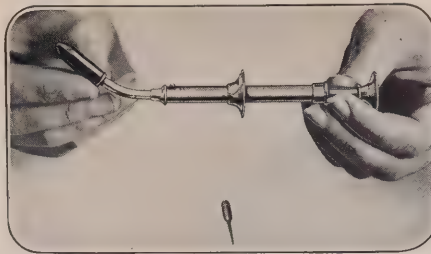
"I have been using Synthetic Porcelain for a good many years, and have had no fault to find with it, if it is used as—and where—it should be used.

"Thank you for your courtesy and consideration."

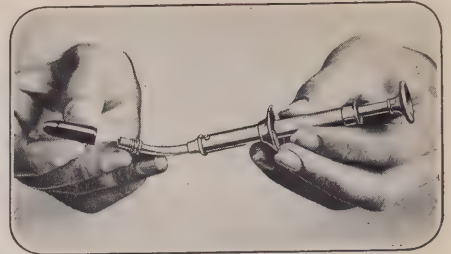
Pimples

I want to thank you for the wonderful results I obtained in using your Cream (Mercirex) on my own skin. I was troubled with those large matter pimples and black-heads. I don't know what induced me to use it, for I have never seen it advertised, but I can safely say that I am not afraid to recommend it to anyone. Kindly mail me another jar C. O. D.—Chicago, Ill.

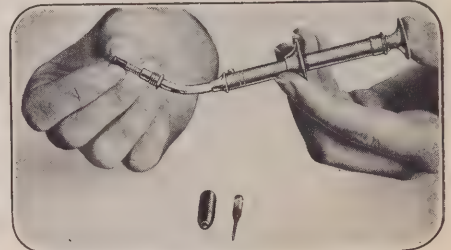
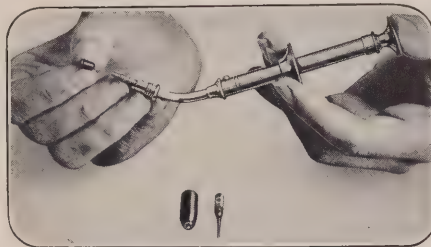
Some men stick to their convictions because their convictions are stronger than their reasoning powers.



Unscrew the vulcanite cap and remove it



Unscrew the vulcanite plunger tip and remove it

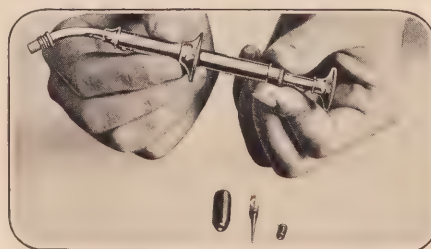


How to Clean the Injecto-gun

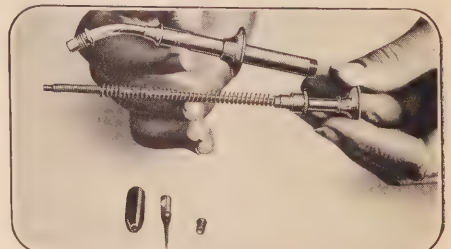
SOME operators who are using the Injecto-gun in Mercitan Treatment have failed to appreciate the ease with which this instrument can be cleaned. The cleaning is very simple and should be done often enough to keep the barrel clear of Mercitan Cream which may ooze up into it when heavy pressure is applied.

When it is properly handled, thirty inches of germ-killing tissue-healing Mercitan Cream in a continuous thread 1-75th of an inch in diameter, having a total weight of $2\frac{3}{4}$ grains, can be delivered deep into pyorrhetic pockets or upon diseased gums by each discharge out of the Injecto-gun.

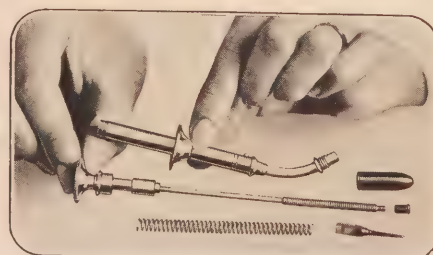
MERCITAN TREATMENT IS NOT SIMPLY A CURE-ALL with which the dentist is expected to banish pyorrhea. Mercitan Fluid, Mercitan Cream and Mercitan Lotion each have a definite function. These functions and the results to be expected and achieved at each period of treatment should be well understood by the operator, so that he can make the most effective use of the materials in proper sequence and association, as well as in conjunction with mechanical procedures or surgery. Only by following a complete and well co-ordinated course of treatment can the best and most permanent results be expected.



Unscrew the ring nut at the end of the barrel and draw out the plunger and spring



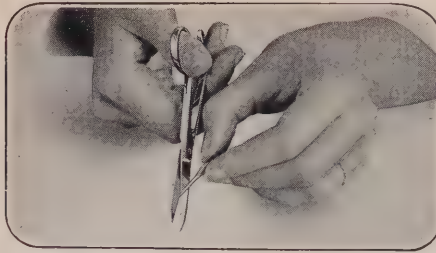
This picture shows all the parts separately



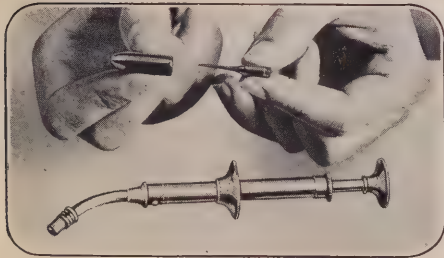
Clean all parts and reassemble them



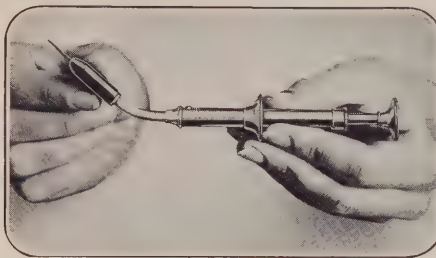
DO NOT cut the tip square off



Cut it SLANTWISE; this makes a beveled point



Fill the Injector with Mercitan Cream and place it in the vulcanite cap



Then screw the cap on the Injecto-gun. The plunger acts against the cork in the Injector

Cut the Injector Slantwise

MERCITAN Cream should be applied by this method whenever conditions will permit insertion of the Celluloid Injector into a pocket or under the gum margin. When the parts to be treated are inaccessible to the Injector, or when there are no pockets, the Cream should be applied with the Stellite Applicators.

The particular feature of this improved method is in the sureness and facility with which the Cream can be carried all the way down to the end or sulcus of the pocket—where it *must* be placed in order to accomplish maximum results, and so that the

entire pocket will be filled with Cream.

If for any reason the Injecto-gun can not be used, as in positions that are not easily accessible, the Injectors alone can be used without the Injecto-gun. Fill the Injector with Cream, stop the wide end with the small cork or a plug of cotton (non-absorbent) and squeeze out the Cream by pressing the Injector between the thumb and fingers.

If the Cream becomes chilled and too heavy to flow through the Injector, add a trace of glycerine and spatulate it on a clean slab until it becomes perfectly soft and smooth.

That Confession of "Cool-Mixing"

Professor John Johnson, of Yale University, in the course of his chapter on "Chemistry" in "The Development of the Sciences," a volume made up of a series of lectures delivered at Yale, says:

"Nearly every phenomenon in the physical universe is attended by an evolution or absorption of heat and is therefore subject to the second law of thermodynamics. It governs every chemical reaction and the physical and chemical processes of life. It sets bounds to cosmological speculations and to forecasts of the future of the human race. Not the slightest deviation from it has ever been observed and the probability of such deviation is so minute that it must be regarded as one of the most firmly established of scientific facts."

This inflexible law, so clearly stated by Professor Johnson, does not admit any exception. To say that a dental cement is cool-mixing is to confess that its chemical reaction is weak, that sufficient cementing substance is *not* formed, and that too much of its bulk remains inert.

The heat reaction of good dental cement can not be *prevented* but it can be *controlled*, and, therefore the patient need never be hurt by it.

By gradual mixing—adding powder a little at a time—most of the heat of reaction is made to pass off on the slab, and the setting in the mouth consequently takes place without causing any discomfort.

Time To Stop It

"I want to thank you," writes a St. Paul dentist, "for the masterful manner in which you resented the article in Collier's Weekly, November 3, 1923. Every dentist in America should read it."

"In your editorial 'Is Dentistry a Farce and a Humbug?' in the November issue of the MILFORD NEWS, I feel sure that you voice the sentiment of every dentist in America."

"It is time for the dentist who respects his profession and knows the service he is rendering to the stricken American people, to send out a forceful resentment to those 'would-be humorists' who choose the dental profession to ridicule."

Twenty-Year Observation of Amalgam Restorations

Since 1900, I have used Twentieth Century Alloy, and when carefully and properly used, I don't see where gold will save teeth any better. I have plenty of alloy fillings that so far have done good service for fifteen to twenty years.—Rio, Wis.

Nothing But Mercury

NO process of redistillation can take the dissolved metals out of mercury. The Caulk purification process does it. CAULK TWENTIETH CENTURY MERCURY is free from lead, arsenic, bismuth, copper, cadmium, antimony or mercuric oxide. Quarter pounds in wooden shakers or glass bottles.

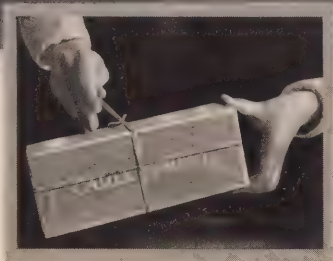


Read This Again

Your Crown and Bridge Cement is "something about which I don't know anything else but."—Missouri.

Ten Years' Observation

I have been using Caulk Cement for the past ten years, and think it the best I ever used.—Missouri.



Six large bottles of powder in the most useful assortment of shades (or ALL ONE shade if you prefer), and four bottles of liquid, priced at an economical rate.

CAULK CEMENT

Your Dealer Has It!

SIX-FOUR PACKAGE—Other cements need six liquids with six powders. But Caulk Cement powder is marvelously fine. Six powders need only four liquids, yet the bulk of cement is not less. Finest quality with greatest economy.

ONE-SHADE PACKAGE—Your choice of a variety of useful shades in a generous package of the finest dental cement ever produced. You will certainly be pleased with its smooth convenient working qualities and extraordinary durability.

Caulk Zinc Cements and Mixing Equipment Made by The L. D. Caulk Co.

Up-to-date Dentistry A Hundred Years Ago

(Continued from page 4)

gold, to remove every portion of caries, however minute, and to dry the cavity thoroughly, by means of small portions of cotton wrapped round the point of an instrument, for if any moisture from saliva, which has an opportunity to enter during the operation, be suffered to remain, the tooth will soon become painful, and the caries proceed as before. For the same reason, the gold requires to be introduced with very considerable force, until the cavity be thoroughly and minutely filled, so as to obviate effectually the accession of salivary moisture."

"The success of attempts at destroying the nerves of teeth is far more limited than is generally imagined; and I wish it particularly to be borne in mind that I approve of the practice only in a limited way. In a front tooth the nerve is most commonly destroyed by a single operation, because the fang is single, and has the advantage of being more perpendicular than in a tooth with divaricating fangs. But it is an erroneous idea, that a diseased tooth, if it has more than a single fang, may be rendered useful and free from pain by destroying its nerves. The practice has only

served to expose the emptiness of the theory, since most of those who have undergone the operation, which can be termed little less than martyrdom, have barely found that they have been made to forget the usual pain of toothache in the unutterable agony of the operation. But this is not all the objection; for where the operator is so fortunate as partially to destroy the nerves of double teeth, and even this is very rarely the case, the membranes are apt to become diseased by inflammatory action, and the tooth requires to be extracted in a very short time afterwards. It cannot, therefore, be too strongly urged, that where a double tooth is painful, and has become so much decayed as not to be capable of being saved by the operation of stopping, it should, in order to prevent all unpleasant consequences, be extracted immediately. In evidence of the fallacy of the attempts at destroying the nerves of back teeth, I shall adduce a single instance which came under my own observation.

"A gentleman possessing highly organized teeth, having twice suffered very serious lacerations of the bone from extraction, and having even been threatened with lock-jaw, submitted to have the fangs of the first lower molares, which had long been a source of torture, drilled, with the hope of thus eradicating its nerves. The operation, after excruciating agonies proved within a few hours, to have been useless; the cavity of the tooth was then filled with a compound metallic stopping; but the pain returned with such violence that it was necessary to remove it. The patient continued during many months to make every application, and adopt every measure, which the most experienced medical practitioners could suggest, but in vain. His protracted sufferings brought on a low fever, accompanied by frequent delirium. Efforts were again and again made at extraction; but at the first touch of an instrument, the patient was always seized with convulsions, and the operation could not be effected. Having thus lingered on for six months, the tooth was fortunately extracted during a period of insensibility, the result of intense suffering; but, although the expected local relief was thus obtained, several months elapsed before he regained his former health and vigour. The tooth was examined after extraction, when it appeared that very trifling portions of nerve had been destroyed; that one fang contained a large and vigorous nerve, sending off five branches at its point: the other fang a large nerve equally unaltered, sending off six branches around its point."

* * *

"The most useful advice with which I can conclude this treatise, is by urging on every individual the necessity of aiming at the prevention of disease altogether, which can in a great measure be effected without

engrossing more time than its importance merits

"This is a subject which demands the attention of parents and those who are entrusted with the care of children. It should be the first object of every person so situated to habituate children to clean their teeth, at least twice a day, and when this practice has been once adopted, it will be continued as a matter of course. Besides this, from the age of six to twelve years in particular, a dentist should be consulted three or four times a year, and at a later period, once or twice for the purpose of examining the teeth, and counteracting, by the timely removal of such causes as may produce disease, any mischief, which is likely to take place.

"The commencement of disease is too generally looked upon as a matter of little importance; and thus, but few persons take any notice of its progress until the agonizing pain of toothache forces it upon their consideration, and when the disease has been permitted to extend itself so far, it seldom happens that it can be effectually remedied by any other means than extraction; but as it is not always in the power of every individual to have recourse to a dentist on the first attack of toothache, the patient may possibly obtain a temporary relief by applying to the diseased tooth a strong solution of camphor in spirits of wine, which if it prove not altogether successful, has at least the advantage of safety and this is much more than can be said of most of the celebrated remedies. Every extreme of heat and cold should be avoided, as both are equally liable to cause pain in the teeth: attention to cleanliness of the teeth in early life cannot sufficiently be insisted on, since it is evident that most of their diseases arise from extraneous matter being suffered to remain upon them and no time, therefore, should be lost in removing what ever has accumulated, as soon as it is discovered.

"The brush and powders which are the common means had recourse to, will never more than half perform this office, as they act only on the outer parts, and thus leave the interstices entirely untouched. Some tinctures may for a time give a whiteness to the enamel, but they are certain ultimately to injure its texture, and render it more liable to decay. In short, it may be concluded, that in proportion as any dentifrice, paste, or lotion, whitens the enamel, its structure is injured or destroyed. The only means necessary to preserve its colour is by removing whatever may collect around the teeth, and thus allow them to possess their natural whiteness and polish. The best method to effect this is with a brush and warm water; but, even when the teeth have been thus cleaned, the interstices are not cleared. This may be effected by passing between the teeth a thread of waxed silk, thereby to dislodge whatever may have collected on their sides.

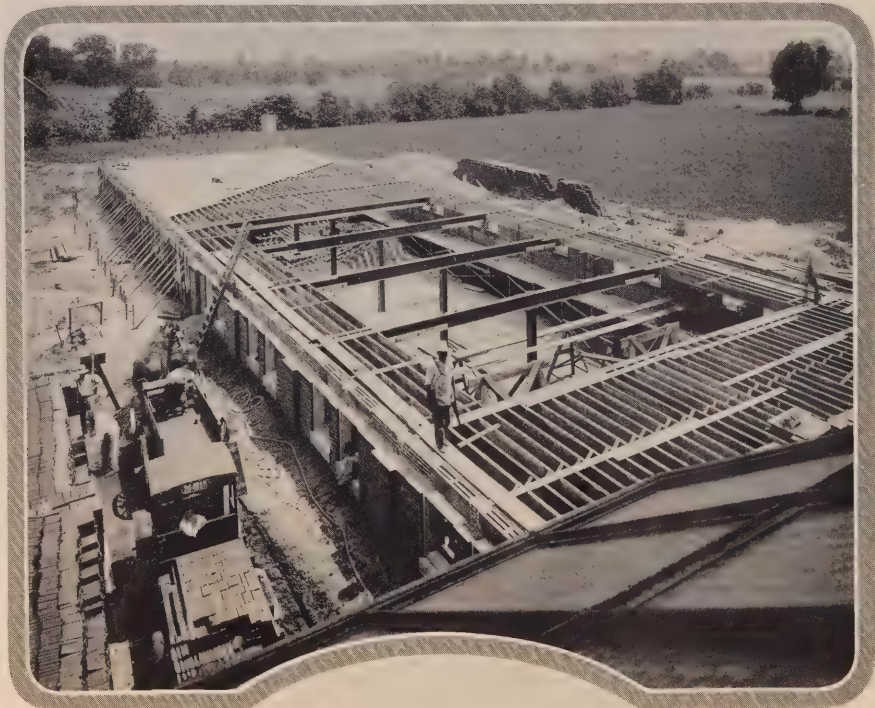
"The means which have been pointed out for the prevention of disease will be found of much greater advantage to society at large than all that has been said respecting the treatment, and in concluding, I can not too strongly urge the importance of this particular object."



The concrete footing



The first brick courses



Above—
laying the
first floor



The walls
near
completion

Thirty thousand square feet of floor space being added to one of the Caulk buildings to take care of increased production demanded by the rapidly growing sale of Caulk Products



PRESCRIBE the only lotion that can do the work

PATIENTS should "carry on" at home between treatments. They should do something for themselves to maintain hygienic conditions about the mouth and teeth. But it is vital that the mouth wash they use be selected very carefully.

There are many mouth washes from which to choose. They are not all harmless. Many are not good to the taste. You know that most of them are not even effective.

There is only one mouth wash that does the entire work expected of it. Mercitan Lotion really does kill germs and gives tone to the mouth tissues. It assists in maintaining a hygienic condition in the mouth. Laboratory tests show that Mercitan Lotion is a most powerful sterilizing agent. Yet even when used full strength for massage, patients do not experience the slightest irritation. It gives healthful but mild stimulation.

And Mercitan Lotion, in addition to being a mouth wash that you can conscientiously recommend, is one that your patients will enjoy. Besides its rapid healing properties Mercitan Lotion has a deodorizing fragrance and a delightful taste.

For a limited time with each purchase of one dozen eight-ounce bottles of Mercitan Lotion at the regular retail price, \$1.00 each, we will furnish without extra charge fifty two-ounce bottles with your name and address printed on each label.

THE L. D. CAULK COMPANY
OF CANADA, LIMITED
172 JOHN ST. - - - TORONTO



The One Commendable Specific

To keep artificial dentures in that state of cleanliness necessary both to health and comfort, dentists recommend Caulk Denture Cream. It cleans, sterilizes and sanitates artificial dentures, and brings to the mouth incomparable freshness and freedom from foul odors. Nothing else will remove mucin films and dissolve germ plaques so quickly and harmlessly. Specimen copies of "Comfortable Dentures," a booklet to give to denture patients, will be supplied free on request.

How to Prevent Broken Margins—The Best Methods For
Incisal Restoration—Case Histories in Mercitan Treatment

THIS EDITION, 320 PAGES

CANADIAN EDITION

MILFORD NEWS

NUMBER

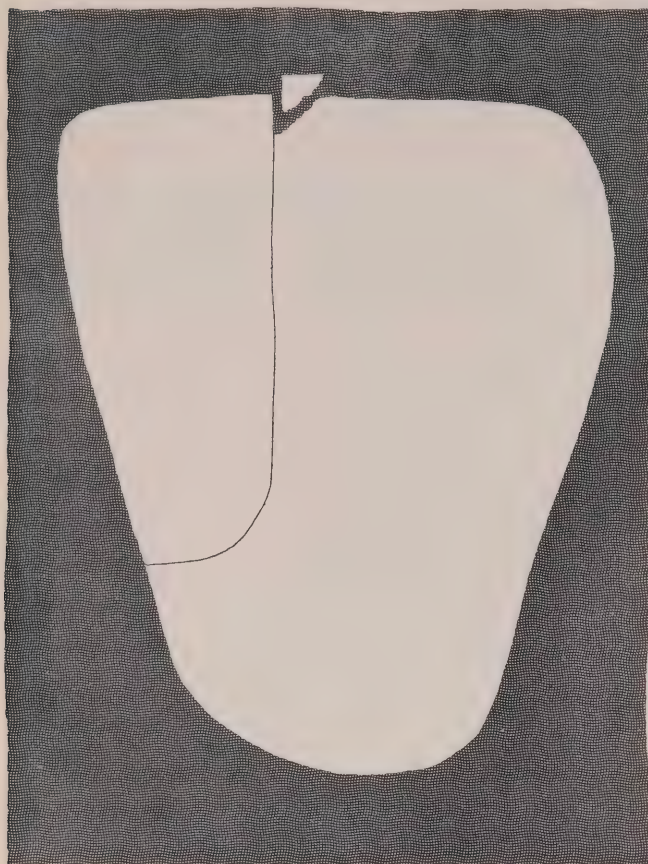
29

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

FEBRUARY, 1924



THE INVESTIGATION of cementitious materials, both old and new, forms one of the important subjects of study in the Caulk Chemical Research Laboratories at Milford, where many new experimental compounds are produced chemically, then combined and fused at high temperatures accurately controlled in the electric furnace and tested through various processes to learn their properties and possible utility.



1 WHEN THE TOOTH breaks like this, on the incisal, the fault is in the cavity preparation. The preparation illustrated in this diagram, for Class 4 cavities has the sanction of use by many operators, but is not strictly advisable. Synthetic Porcelain stands intact but the enamel rods may break down.



2 FOR A GOLD FILLING this preparation is correct because the extension of the metal (marginal bevel) prevents breakage of the enamel rods. But for Synthetic Porcelain it is WRONG because the corner of the filling has not sufficient bulk, consequently the break may occur as illustrated. See photographs on page 3.

How To Prevent Broken Margins

"I AM sending to you a superior central, one of the first fillings I ever made with Synthetic Porcelain," writes Dr. Frank J. Bell, of Billings, Montana. "I placed the filling more than ten years ago, in November, 1912.

"In a recent accident this tooth was knocked loose, and owing to root absorption it had to be extracted.

"Notice the extremely hard, highly polished surface on the incisal edge. Under an instrument it feels just like enamel.

"There is only one bad defect in the filling,—at the junction of filling and enamel on the incisive edge,—but this is due to faulty cavity preparation, not to any defect in the filling, which did not seem to be leaking. The patient never gave his teeth any care. The smaller filling

on the approximal surface is not mine. I don't know how long that one has been in. It had very poor cavity preparation to begin with." (See photographs, page 3.)

Perhaps too many of us think of Synthetic Porcelain as something in a package, rather than as something in a tooth.

The powder and liquid can be accepted with entire confidence in their qualities. But their use in the mouth is strictly a matter of operative dentistry. Each operator puts into his work whatever quality he wishes it to have, up to the limit of the material's properties. In the case of Synthetic Porcelain these inherent qualities may be relied upon as being more than adequate for the purpose.

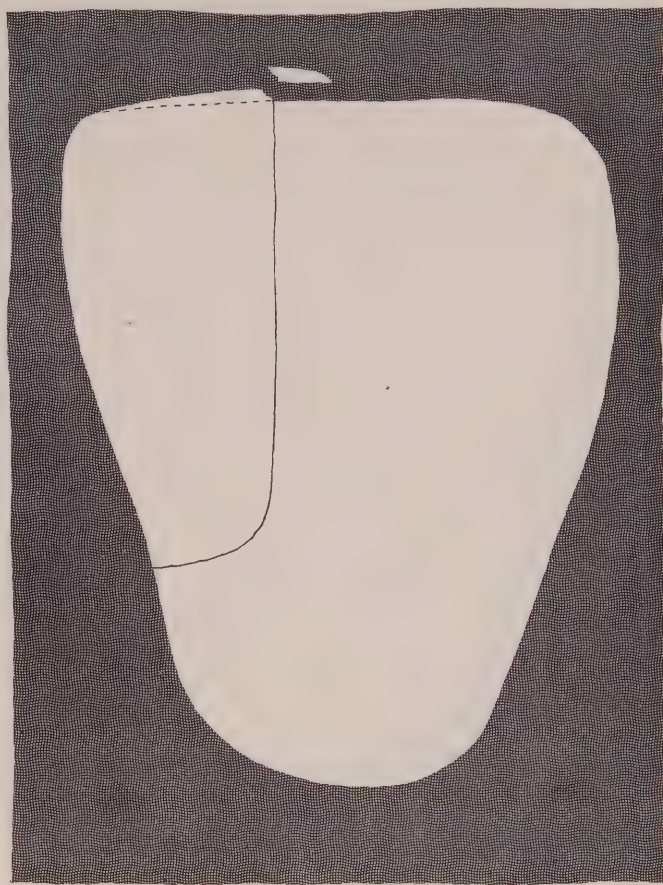
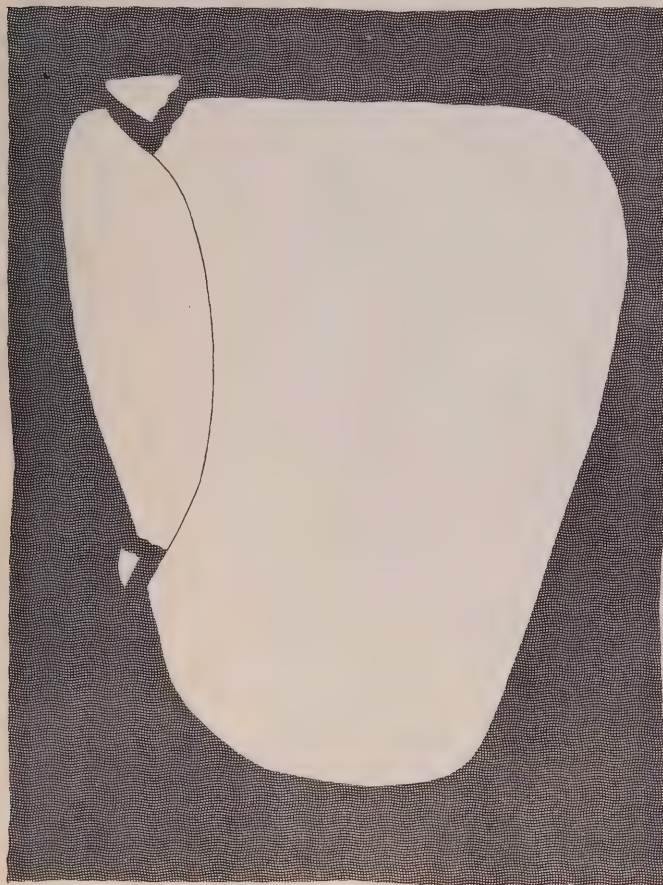
The simple precautions that prevent broken margins seem to be neglected by

too large a proportion of operators, yet the correct principles are really very simple. At least one millimeter of bulk is required everywhere in the margin of the filling. Feather edges and frail margins can not be expected to stand up under mastication. Likewise the enamel rods adjacent to any filling on the incisal, owing to their position in this part of the tooth, can not be relied upon to resist the biting force without breaking, unless they are suitably protected.

Protection at this point is possible when the filling is gold, with a marginal bevel, but marginal bevelling is not practicable with Synthetic Porcelain.

One of the most convincing demonstrations of the strength and integrity of

(Continued on page 4)



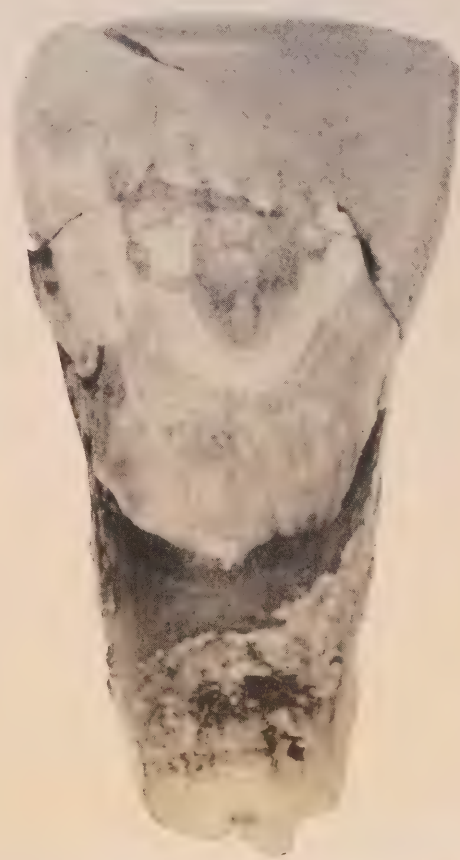
3 **WRONG CAVITY PREPARATION** illustrates here, in one filling, the two different faults that are shown separately in diagrams 1 and 2. At the incisal, the Synthetic Porcelain, having sufficient bulk, remains intact, but the enamel rods break; whereas, on the mesial, the filling becomes chipped where the margin is too frail.

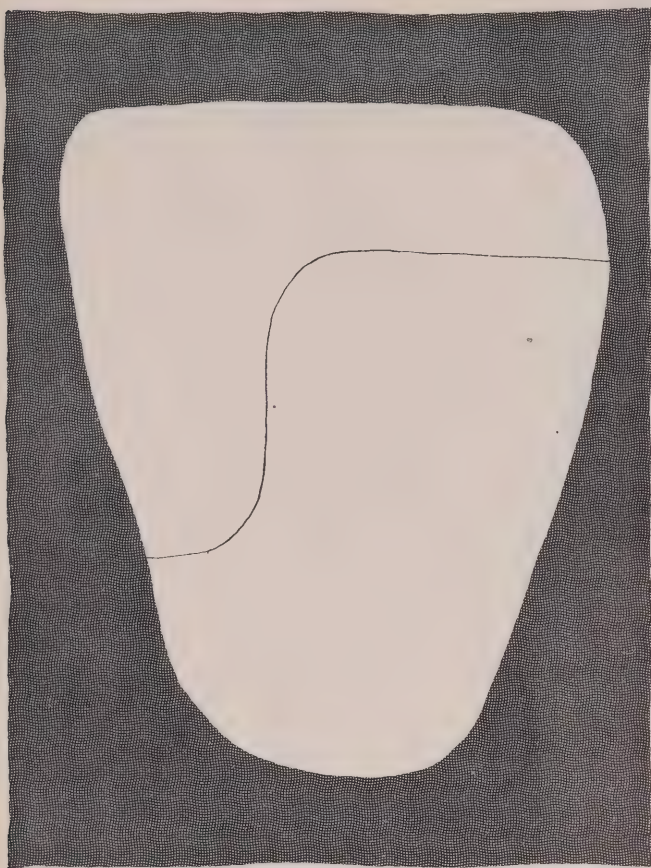
4 **NEGLECT OF TRIMMING DOWN** and finishing causes this type of marginal defect. The feather edge on the filling can not be expected to stand mastication. This cavity preparation is subject to the same criticism as in diagram 1. The neglect of finishing is an additional short-coming.



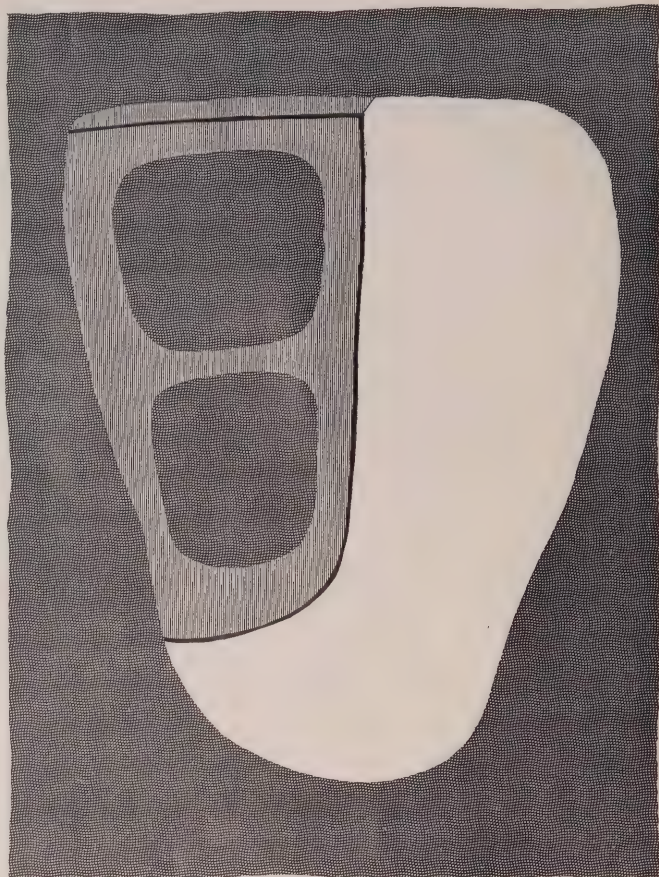
IN SPITE OF WRONG CAVITY PREPA- RATION

this restoration, done with Synthetic Porcelain in 1912, has given more than ten years' good service. The whole tooth was knocked loose when its owner suffered an automobile accident. See Dr. Bell's letter in text on page 2. These photographs were taken several months after the tooth was extracted. Its dried-out condition and the inquisitorial enlargement by the camera make even the slightest defects appear much more conspicuous than they could be in the mouth.





1 THE ENTIRE INCISAL EDGE can be restored in this manner with Synthetic Porcelain and the restoration can be confidently relied upon when the material is properly handled and molded to place by means of a Crown Form. Many careful operators use this method of preparation in preference to any crossing of the incisal edge.



2 THE WINDOW INLAY OF GOLD combined with Synthetic Porcelain gives another very satisfactory method for restorations that involve the incisal angle. This diagram illustrates the labial position of the inlay. One or more windows are cut through so as to take advantage of the translucency of the Synthetic Porcelain.

The Best Methods For Incisal Restoration

(Continued from page 2)

Synthetic Porcelain is evident in the great number of cases where the filling stands intact, alongside of natural tooth enamel that has broken away.

The use of Synthetic Porcelain for Class 4 cavities, which cross the incisal edge on incisors and bicusps, is a form that can be recommended only at the operator's discretion. When the bite is very light or if the patient can not afford to pay for a combination inlay, many operators say that they feel well justified in relying on the known strength of the material to afford a fairly good filling even though a small notch may develop if the enamel rods break way. But for all work of a stricter kind the restoration of the *entire* incisal edge with Synthetic Porcelain, or

the combination inlay are the most advisable forms.

Other marginal defects can be traced to negligent finishing. The so-called brown-line, which occurs with all kinds of filling materials is nothing more than dirt in a crevice. No filling is correctly finished until an explorer will ride over the margins without catching.

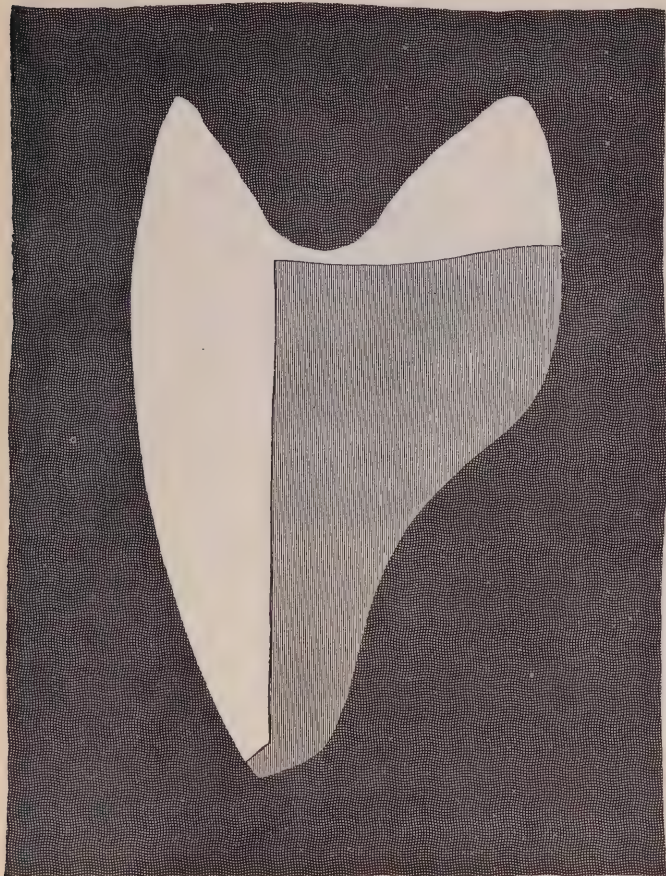
Proper anchorage for the incisal corner restoration is sometimes difficult unless we use metal posts. For this purpose 20 or 22 gauge clasp metal wire, threaded, is most suitable. Nickel, platinoid and other base-metal pins are contra-indicated with Synthetic Porcelain owing to possible discoloration. In a pulpless tooth, 16 or 18 gauge wire can be placed in the pulp chamber. Wire of larger size is not advisa-

ble because it tends to weaken rather than strengthen the restoration.

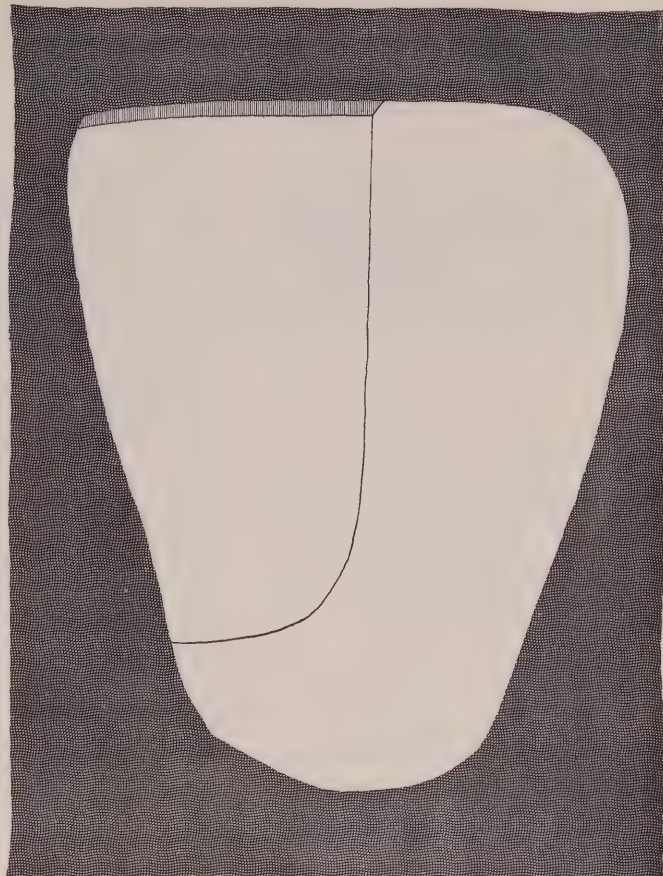
The pin should be anchored in sound dentin in such a position as to give greatest strength with least injury to the tooth and the pulp, if it is vital. These pins do not interfere with the translucency of Synthetic Porcelain, but they should be judiciously placed and well covered.

Celluloid Crown Forms provide a very effective means of forming the corner, or any other part of the tooth to be restored. Air vents should be made in the Form to prevent voids in the filling.

The patient should keep the bite closed for several minutes while the filling is in the initial period of setting, but at least one hour—preferably several—must elapse before the tooth can be used in eating.



3 THE COMBINATION INLAY of gold and Synthetic Porcelain as seen from the mesial. The narrow gold edge on the incisal is sufficient to bear the brunt of mastication, without danger of chipping either the filling or the tooth. Compared to the all-gold inlay this combination gives a very gratifying improvement in appearance.



4 FROM THE LABIAL ASPECT the combination inlay shows only a narrow edge of gold. By the precise matching that is easily possible with Synthetic Porcelain and with the aid of the windows cut through the inlay, the simulation of the natural tooth is very accurate. These restorations at ordinary speaking distance are perfectly "invisible."

The celluloid Form should remain in place over night and may, with advantage, be left on the tooth indefinitely, until a convenient time for finishing.

Trimming and finishing can be done most effectively with Alpine Points lubricated with cocoa butter and Caulk Dental Polish.

fillings inserted ten and twelve years ago are in good condition today, while the other products mentioned need to be renewed in from a year and a half to three years time. I am coming back to your product exclusively.—*San Diego, Calif.*

alone but feel confident that by carrying out your suggestions as to anchorage I may do so with perfect assurance of success. Thanking you again for your cooperation and assuring you of my confidence in your products.—*Flushing, N. Y.*

Patients Cannot Find the Fillings

You say we should be able to make fillings that the eye cannot distinguish from a natural tooth at speaking distance. This is expressing it too mildly. When I get a cavity prepared for Synthetic Porcelain filling, I always hand the patient a mirror, in order that they can see and positively know that there is a cavity there. However, it always happens that the margin and color are so perfect that they cannot, upon the closest inspection locate the filling. Fillings we placed ten years ago are yet in perfect condition.—*Quincy, Ill.*

Twelve Years Versus a Year and a Half

I have used your product quite extensively, but have also a ——— and a ——— outfit, but the Synthetic Porcelain

The Experimenting is Finished

I have in my ten years of practice tried all the silicates (a foolish idea too, I have learned from that experience), but as for Synthetic Porcelain fillings, in words of the Liggett & Myers Tobacco Co.—“They Satisfy” me and the patient. There is no room in my cabinet for imitations, and I am through experimenting.

—*Winchester, Va.*

The Result of Correspondence

I appreciate your interest in my success and thank you very much for the splendid special report on Synthetic Porcelain restorations you had prepared for me. I am sure the technique outlined in that report can only bring success in that type of restoration. I have been using your Synthetic Porcelain for facing incisal inlays for some time and am very well pleased with the results. I have not attempted to use it

Constant Observation at Home

My patients have some fillings of Synthetic Porcelain that have been in from one to eight years and they are good yet. My wife has two that I put in seven years ago, and today they are not noticeable at speaking distance.—*Worcester, Mass.*

This, He Says, is Easy

Putting in fillings that can not be distinguished at speaking distance is easy with Synthetic Porcelain, which is satisfactory in every way. I have many that I will defy anyone to find without the reflection from a mouth mirror.—*Boston, Mass.*

Copies Free on Request

Got a heap of good information out of the little booklet “The Genuine Synthetic Restoration.” If every dentist would read it he would be well repaid for the time spent in doing so.—*Savannah, Ga.*

That Dam Nuisance Can Sometimes Be Avoided



WHEN a dressing is to be changed or some other short-time operation is to be done, instead of fussing with the rubber dam use a Hare Mouth Prop and cotton rolls. This gives a dry field and the relief will be grateful to any patient who has been used to gasping under the rubber. The set of three suits every part of the mouth, posterior and anterior, upper and lower.

The Gage Works

I have been using this alloy for some months past, and am well satisfied with it. I also have your Alloy and Mercury Gage, which I find is a great help.
—*Illinois.*

Add Copper as Required

I find your cement the best I have used. When mixed it works without trouble. I also use it in lining cavities when necessary, prior to inserting silver filling, mixing the copper-zinc in proportion as to directions, and this has also proved to be satisfactory in every case.
—*Maryland.*

For Molars and Bicuspids

I expect your Crown and Bridge Cement to prove out as does Synthetic Porcelain. I am using Synthetic very largely for general work on molars and bicuspids. Maybe I am too optimistic and trusting. I find silver and gold fillings fail only too often, so feel that I have a margin in my trust in Synthetic Porcelain.
—*California.*

One difference between men and monkeys is that men have the power of reasoning if they want to.

From Cuba

I am pleased to inform you that I have used all products of your laboratories with satisfaction; I can assure you that the dentist who uses your "Caulk" materials in his work can guarantee them, on the assurance of complete success. I, on my part, shall always use them, because I am convinced of their high quality.
—*Cuba.*

Okay

I am using Synthetic Porcelain now, but as the technique is very simple I hardly think I need any assistance at this time. If I do, I will gladly write.
—*Pennsylvania.*

All In the Same Family

I am using Caulk's Synthetic Porcelain and other Caulk products, and find great satisfaction in all, especially the T. C. Alloy.
—*Massachusetts.*

Success

I am having great success with your cement.
—*Illinois.*

The Original White

I keep Caulk's White Copper Cement on hand at all times. Very useful in its place.
—*Massachusetts.*

Pointed to the Other Side

You should supply a very great need. Make crown forms approximal with occlusal cusps only for the million compound cavities in this class of teeth. I confess I do not dare to say that I know how to fill this class of cavities with Synthetic Porcelain. I do not want to carve up bicuspid crown forms. You have wonderfully helped me, and there are twenty thousand other dentists like me. Your bicuspid form enables me to make a Synthetic Restoration that I have shown to my friends, and they have had difficulty in picking them out. In one case the man who sent the patient pointed to other side of mouth.
—*California.*

Always Goes Back

Synthetic Porcelain has been very satisfactory. Tried other silicates, but always go back to de Trey's, and expect to stay with it. Up to date, do not think it can be beaten.
—*Washington.*

Lining Cavities

I want to say that I find the MILFORD NEWS interesting reading, and I earnestly believe that your talk on cavity lining procedure and its importance will cause it to be practiced by more men. I line every cavity with something. Am grateful for all hints on Synthetic Porcelain and T. C. Alloy.
—*Massachusetts.*

Good Measure

Am using your cement and will continue to use it. BEST EVER. Just bought a supply of Patterson, Des Moines.
—*Iowa.*

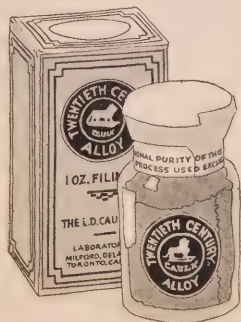
Well Known

We have been using your cement for about two years, and have found it very satisfactory. We have not opened the sample you sent as we are already acquainted with the product and buy it in large quantity.
—*Iowa.*

His Preference

In reply to above, will state that I used the trial package that you sent, and was so pleased with the working qualities of the alloy and its manipulations that I ordered Twentieth Century Alloy from the supply house in preference to the other kind that I have used for some time.
—*Missouri.*

Color of Silver and Strength of Steel



A PATENTED process, used exclusively in the manufacture of Caulk TWENTIETH CENTURY ALLOY, eliminates oxides, sulphides and other impurities which would otherwise hinder amalgamation and remain in the mix as dirt. Chemical purity, easy control of setting, a larger filling from an equal weight of alloy, strength equal to structural steel, and brilliant color in a filling that does not darken or stain the tooth—these are a few of the superiorities of this modern material.

THE L.D. CAULK COMPANY

"As we SUCCEED so do we prosper"



What kind of results do you want?

Do not be confused about "Silicates"

CLAY is a silicate; so is the emerald in your stick-pin. But clay does not make emeralds. And silicate cements or enamels will not make Synthetic Porcelain Restorations.

There is only ONE Synthetic Porcelain.

DE TREY'S
SYNTHETIC PORCELAIN

MADE BY CAULK IN U. S. A.
Made in Europe by de Trey

Both Good

I use Caulk products with very satisfactory results, especially your alloy and cement which are wonderful.—*Pennsylvania.*

Thirty-Nine Years

I have used your goods since 1884, and found no better.—*Idaho.*

Time Tells

Have used your alloy for five or six years with satisfaction.—*Pennsylvania.*

Indispensable

If you knew as much about Twentieth Century Alloy as I have learned in the past three years, you would solicit orders for twenty ounces instead of one ounce. Twentieth Century Alloy is indispensable in my practice.—*Penna.*

Copper as Indicated

Have used your cement with very satisfactory results. The addition of copper at disposal is also a very satisfactory feature.—*Missouri.*

Information Always Welcome

I am a consistent user of your products. Have used your Synthetic Porcelain, T. C. Alloy and Cements a number of years. Have not yet tried your White Copper Cement, but will do so in the very near future. I always appreciate any new information your research department may be able to send concerning any of your products.—*California.*

Proof By Trial

I have used your sample of Twentieth Century Alloy. I might discourse for three or four pages about its most wonderfully developed qualities, etc., and work another sample out of you—but I won't. Never mind sending the other sample, as I will be using Caulk's as soon as my present supply of alloy is exhausted—what more could I say in favor of it? I thank you for the interest you show in the correct use of your products, especially the helpful suggestions I have received concerning Mercitan. Oh, yes! I use most all Caulk's products, and am only wondering now why I did not start using your alloy.—*California.*

Deep Seated Cavities

I find your Crown and Bridge Cement all you claim for it, and like it every way, especially the nice smooth mix, also in deep-seated cavities where the addition of Coprzinc is indicated, and I am going to use it altogether in setting large bridges, as I think it is just the cement I have been looking for.—*New York.*

Hearty

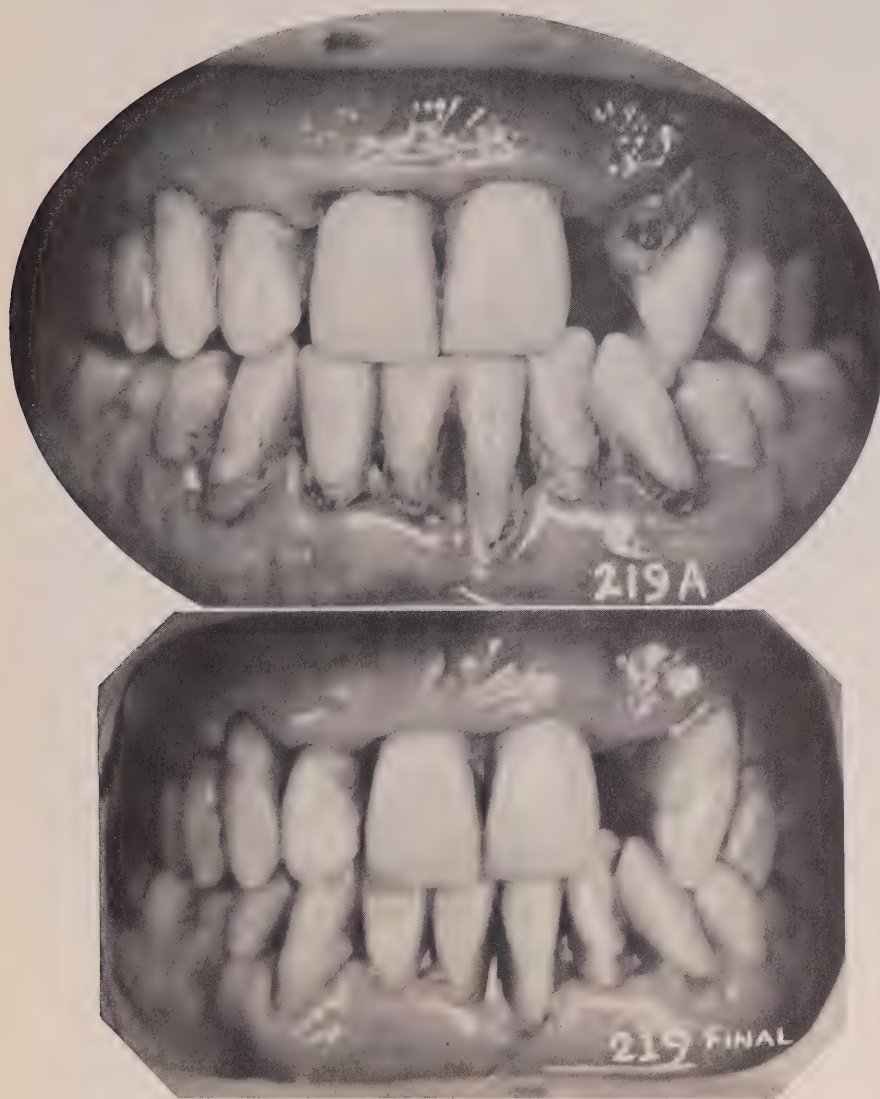
I have used your cement for years, and can speak only words of praise for it.—*Iowa.*

Okay On Three Materials

Have used Twentieth Century Alloy for many years, and think it the best alloy on the market today. Also am using Mercitan. Have used Synthetic Porcelain for four years.—*Florida.*

Settled

I've been a user of your alloy and mercury for a good many years, and hope to be for many years to come.—*Iowa.*



Mercitan Case 219

TEN TREATMENTS

PAIENT presented for treatment on July 31, 1923. Examination showed pockets about all teeth. The loss of bone was largely restricted to the bone septa. Practically the only exception to this was at the left inferior central, where considerable loss of bone occurred entirely about the root. Photograph taken, and home treatment started with Mercitan Lotion and Mer Dentifrice.

August 6. Mercitan Fluid No. 2 applied on tampons about all teeth. Tampons remained ten or fifteen minutes. Following the removal of the tampons each tooth was thoroughly scaled, to remove all deposits to the point of tissue-attachment.

August 13. Mercitan Fluid No. 2 applied in all gingival pockets. Teeth again

scaled. Exposed cementum thoroughly polished.

August 20. Fluid No. 2 in all upper pockets. Pus had ceased to flow from the lower pockets and the tissues were slightly inflamed. Therefore, Cream No. 2 was applied on the lower teeth.

August 27. All gum tissues quite red and inflamed, but all flow of pus from beneath the gum margins had ceased. Tissues about the left lower central had very materially receded almost to the point of attachment. Because of this inflamed condition Cream No. 2 was used in all pockets.

September 4. Gingival margins sprayed with fifty per cent Mercitan Lotion. Cream No. 2 in all pockets. Teeth finally scaled and polished, with particular atten-

tion to polishing the detached cementum.

September 18. Mouth sprayed with fifty per cent Mercitan Lotion. Small poultices of Cream No. 1 applied on all gingival margins.

September 25. Sprayed with fifty per cent Mercitan Lotion. Poultices applied to all gum margins.

October 2. Sprayed with fifty per cent Mercitan Lotion. Cream No. 1 applied beneath all gingival margins by means of Stellite Applicator.

October 9. Sprayed with Mercitan Lotion. Cream No. 1 applied beneath all gingival margins, with Stellite Applicator.

November 19, 1923. Teeth were finally polished and final photograph taken. The gum tissue appeared to be entirely normal with the exceptions of the unavoidable loss of the interproximal septa, and the tissue generally about the central incisor. No pockets could be found beneath the gum margins.



For the Best In Dentistry

After using Caulk Cement exclusively for the past two weeks I am thoroughly convinced it is the smoothest, finest cement I have ever used, and, being rather slow in setting is especially useful in extensive bridge work. I think I use nearly all Caulk's products, but for some reason this is my first experience with Crown and Bridge Cement, and the results are very gratifying, indeed. You may count on me as another pleased customer. Yours for the best in dentistry.—*Illinois*.

Between Friends

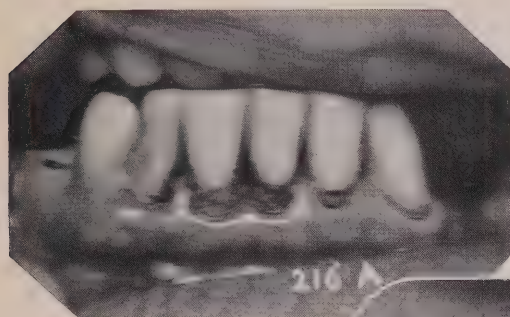
I have been a user of T. C. Alloy for more than four years; am having excellent results, along with all other Caulk products; am always willing to try anything that Caulk puts out.—*Oklahoma*.

Highly

I am using Synthetic Porcelain, and have been for the past six years. I find it highly satisfactory.—*Alabama*.

Always

We are glad to be able to tell you that what alloy we use in the filling of teeth is all T. C., and we have used it for years.—*Alaska*.



Complete Healing
Accomplished by
Three Treatments
in Less Than a
Month



PATIENT presented for pyorrhea treatment July 20, 1923. First photograph taken. Because of pyorrheal conditions, upper teeth had all been extracted some years before. Only two roots remained in the posterior part of the lower jaw. Six lower anteriors affected with pyorrhea, and are slightly loose. Pus oozes from the gums when lightly pressed. Teeth superficially scaled and the patient instructed in use of Mercitan Lotion and Mer Dentifrice, for one week at home.

August 3. Mercitan Fluid No. 2 applied by means of Tampons crowded to the bottom of each pocket. The Tampons remain five minutes. By this time the inside of the pockets is thoroughly cauterized. Teeth scaled over all surfaces where gums had become detached.

August 10. Tampons with Cream No. 2 applied in all pockets five minutes. Teeth again scaled and carefully examined for any remaining particles of tartar. Cementum planed smooth and polished, with care taken to leave no rough margins on the denuded cementum. A poultice of Mercitan Cream No. 1 applied over the external surface of the gums, remaining five minutes.

August 17. All pockets have been eliminated, and normal healthy color has returned to the gums. All exposed tooth surfaces very carefully and completely polished and patient dismissed with instructions to continue home treatment.

August 29, 1923. Examination only. Further treatment not required. Final photograph taken.

Mercitan Case 216

Needless Pain

Received the cement you sent and used it in setting two inlays and a crown, and noted my patients did not complain of pain while it was setting. I have been using ——— Cement for some years, and it seems fairly good, but to use it on sensitive teeth brings complaints of pain and I have noticed in quite a few cases where open face crowns were used, the cement dissolves out, in some cases very quickly, and of course the crowns came off.

—Darlington, S. C.

Amalgam Versus the Gold Inlay

Your ten rules for cavity preparation for amalgam I have observed and practiced ever since I started practicing in 1909. It seems strange that any intelligent dentist would need further education in the matter. Your paragraph about the abuse of extension for prevention is also timely, in view of the new fad for gold inlays. Someone with influence and a medium such as your Milford News, should combat this inlay mania with all possible dispatch and power. Inlays are fine when needed, but you hop to it and fight the battle vigorously for good old everlasting amalgam in the posteriors.—New Kirk, Okla.

A Dirty Denture Can Never Be Satisfactory

In an effort to serve my patients better I have endeavored to interest one of the leading drug companies to supply themselves with Caulk Denture Cream. My patients need the Cream. I have numbers of them interested and asking for it. Kindly inform me by return mail just where the ——— Drug Company can purchase this article.—Joliet, Ill.

Poison Ivy

I have just returned from my vacation spent in northern Wisconsin and had the pleasure of handing one of your old friends a jar of Mercitan Skin Cream (Mercirex) which she used for a case of Poison Ivy. It cleared up her trouble in about three days.—Chicago, Ill.

From a Good Friend

I have used Caulk's Cement and Twentieth Century Alloy during the last ten years also Caulk's Synthetic Porcelain. Your other materials like Mercitan and everything that has the Caulk mark are very satisfactory to me. I feel that I could not do dentistry without your worthy goods, and could write all day telling you how I like them. Above you have it in short.—Madison, Iowa.

He Watched Them Come and Go

Regarding Synthetic Porcelain in my practice. Since starting in May, 1914, I have used your product exclusively, and during that very short period of time I have noted the rise and downfall of similar but inferior filling materials too numerous to mention. So it is natural that I still cling to dear old "Synthetic," and am of the opinion that with company of forty-five years of success behind, it can be said, "When better filling materials are made Caulk will do it."—Pennsylvania.

From Missouri

I have been using Caulk Cement for six years with the best of results.—Missouri.

Patients Said the Same

I have ordered five ounces of Twentieth Century Alloy. Have put in about four or five large fillings, and like it immensely. Only find it a little different to work than the alloy I used before. I polished down a large cervical filling on lower cuspid today, that I put in last week, and it was great, as the patient expressed it also, and I am going to use it on large cavities hereafter.—New York.

Control of Setting

I have used your cement almost to the exclusion of all others. It is really the most satisfactory cement in all ways. The control, by proper mixing, is easily developed. I am very pleased with it, and will continue its use.—Illinois.



Severe Vincent's Infection

*Completely Eliminated by Six Treatments,
Totalling Less Than Five Hours
in the Chair*

Mercitan Case 222



AUGUST 4, 1923. Case diagnosed as Vincent's infection. Acute conditions noticed by the patient only during past few days. Pushing the labial portion of the gum from the teeth showed the periosteum sloughed from the crests of the gum septa. Serumal calculus about the necks of the four anterior lower teeth indicates pyorrheal conditions existing prior to Vincent's infection. The patient weeps with pain, says she cannot sleep and that attempts to take any food in the mouth cause great pain. The gums bleed very easily even when touched lightly with a ball of cotton. First photograph taken. Mouth rinsed with hydrogen dioxide for several minutes. Sprayed with dilute Mercitan Lotion. Mercitan Fluid No. 2 applied lightly over the gum margins where the characteristic film has formed. No attempt made to put the Fluid *beneath* the gum margins.

August 6. Teeth superficially scaled. Fluid No. 2 applied about the upper molars

which show mild pyorrheal conditions. The anterior lower gums are livid red in color and bleed very easily. For this reason Cream No. 2 is gently applied beneath all the gum margins.

August 8. Congestion materially decreased. Pain has ceased, so that quite thorough scaling can be done. Tampons saturated with Fluid 1 (Mild) applied to all affected parts, below the free margin of the gum, and allowed to remain two or three minutes about each tooth.

August 14. All exposed roots of the teeth again scaled and polished, and rendered as smooth as possible. Fluid No. 2 (Strong) applied on all affected parts and allowed to remain five minutes.

August 22. Teeth again inspected, scaled and polished. Fluid No. 2 applied on the anterior lowers. Cream No. 2 applied about the molars.

September 5. Final scaling and polishing done. Cream No. 2 applied under the free margins of the gum about all teeth. Instructions given to begin home treatment with Mercitan Lotion and Mer Dentrifrice. Highly irritated condition of the mouth would not permit home treatment before.

September 19. Examination only. Treatment not needed. Final photograph taken and patient dismissed with instructions to continue the home treatment. Less than five hours actual operating time was spent on this case.

The Fineness Is Notable

I have been using your Crown and Bridge Cement in special cases, and have been much pleased to note that it is much more finely ground than the cement I have been using. Of course, only time—a long time—will tell whether it is a better adhesive and better about insolubility.—*Illinois.*

Success and Satisfaction

I like your alloy very much. It has apparently greater mass strength, which I consider very essential, for success on the part of the operator and satisfaction on the part of the patient.—*California.*

Sensitive Cavities

I am using your cement and like it very much, especially in sensitive cavities where copper is indicated. Also like the smooth mix. Will continue to use more of it.—*New York.*

Can't Remember Any Other

Don't worry about what alloy I use. Have never used any other alloy but Twentieth Century since I can remember.—*Washington.*

Sold and Satisfied

I am returning the stamped postal to you to be sent to some other dentist, as I have been a user of Caulk's Twentieth Century Alloy for some twenty years.—*Missouri.*

All and Also

I use all the Caulk Cements, also Mercitan with satisfaction.—*California.*

Like New

Have used, for two years, one of your Stellite cement spatulas, which still retains its original luster.—*California.*

Density

Caulk Cement seems to be what I have been looking for. It certainly mixes smoothly, is exceedingly dense, and adhesive.—*Ohio.*

Continue

I am very much impressed with your cement. Have been using it and will continue to do so.—*Pennsylvania.*



Pus Flow From Every Tooth Stopped by Ten Treatments of Mercitan Case 281

Emaciated Patient Gains Eleven Pounds in Weight



JULY 3, 1923. Dotted lines on first photograph indicate location and depth of the anterior pockets when case presented. Patient admits that his teeth have never been cleaned by a dentist. Gums swollen, very red and inflamed, and bleed easily. Heavy deposit of salivary calculus on the buccal surfaces of the upper first and second molars, and on the lingual surfaces of the lower anteriors. Serumal calculus under the free margin of the gum on practically every tooth, especially on the labial of the anteriors, upper and lower. Gums everywhere quite loose. Pus can be squeezed out around every tooth in the mouth.

Patient's health generally bad, with a severe stomach trouble and headaches; weight very much below normal—a "living skeleton" type of person. Lower right central abscessed with a sinus opening out through the labial plate of the mandible opposite the apex.

July 6. Teeth scaled and polished, then treated with Fluid No. 2 (Strong) and Cream No. 2 (Strong). Instructions given for home treatment with Mercitan Lotion and Mer Dentifrice.

July 13. Tissues still inflamed in some spots. Thorough examination shows small fragments of calculus, overlooked during the first scaling. Treated with Fluid No. 2.

July 18. Gums greatly improved. Excessive bleeding almost eliminated. Odor of the breath much improved.

July 24. Right lower central opened and

Finish Scaling *before* the Pocket Closes



Reduction of infection and inflammation occurs very rapidly in Mercitan Treatment.

The bone begins to form into the granulation tissue of the pocket.

The pocket soon begins to close and becomes too small to work in.

Failure to anticipate this rapid closing of the pocket leads to disappointment later when the case refuses to heal *completely* because of calculus left on the root.

Do not allow deposits of calculus and roughened root surfaces to become housed in the pocket.

See that scaling and polishing are *complete* before the pocket begins to close.

—From "Mercitan Treatment,"
Fourth Edition.

treated for putrescence. Treated all pockets with Mercitan Fluid No. 2. Gums much firmer. Inflammation much reduced.

August 1. Treated the pulp-canal of the lower central with Osogen Fluid. Gums treated with Mercitan Fluid No. 2.

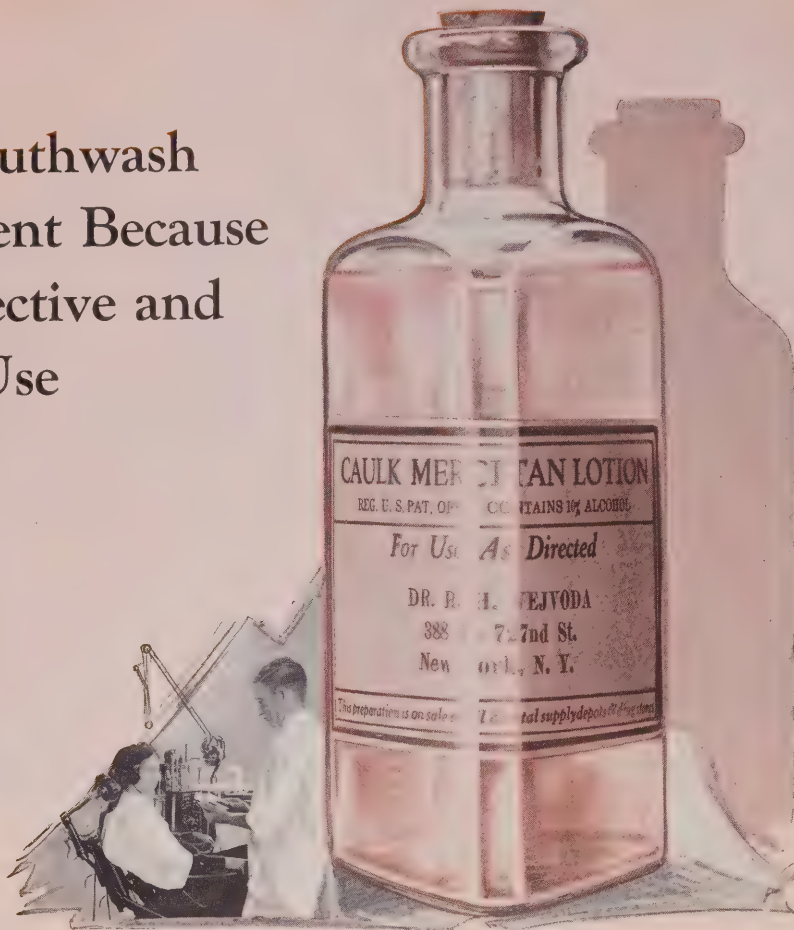
August 8. Lower right central now gives no odor of putrescence from the canal. Sinus closed. Pulp-canal filled with plastic Osogen. Gums treated with Mercitan Fluid No. 2 and Cream No. 2.

August 22. Treated with Mercitan Fluid No. 1 (Mild) and Cream No. 2. (The Strong Fluid is no longer indicated, because practically all dead and infected tissue has been eliminated, and milder treatment is required to allow final healing.) Gums pink, with no tendency to bleed when brushed.

August 27. All tooth surfaces carefully polished. Treated with Mercitan Cream No. 1, working gently under the free margin of the gum being careful not to destroy or injure the new granulations.

August 31. Last photograph taken. All tissue is now healthy, having a normal pink color and firm structure. Patient is able to brush his teeth without bleeding or discomfort. Weight increased eleven pounds. General health greatly improved. Annoying stomach condition has been entirely eliminated. Headaches not so severe, but examination of eyes advised. The tooth treated with Osogen is entirely comfortable. Patient finally dismissed with instructions to continue home treatment.

The One Mouthwash that is Different Because it is *Both* Effective and Pleasant to Use



As illustrated in this picture, a special personal label will be printed with your name and address on trial size (2 oz.) bottles for relief of pain and discomfort after extraction, severe prophylaxis, etc. See special offer detailed in last paragraph below.



The Perfect Cleanser for Artificial Dentures

To clean, sterilize and sanitize artificial dentures nothing can compare with Caulk's Denture Cream. Recommend it. Nothing else will remove mucin-films and dissolve germ plaques so quickly or harmlessly. "Comfortable Dentures" is a new booklet that will be helpful and interesting to your denture patients. Specimen copies will be gladly supplied to you free.

THERE are many lotions and mouth washes at the disposal of the dentist. You know that many of them have one main point in common. They are not effective. Many are unpleasant to the taste and contain substances that are not approved by the best dental authorities for continued use in the mouth.

Mercitan Lotion is entirely free from every harmful substance condemned by modern authorities. Made to meet one of the real needs of modern dentistry it is absolutely harmless, while remaining positively effective.

Mercitan is the one lotion that really does the entire work expected of it. That is because a new principle is employed and because fifteen different ingredients combine in their work of actually killing germs and giving tone to the mouth tissues. Mercitan Lotion proved by laboratory tests to be a most potent sterilizing agent, will not cause the slightest irritation even when used full strength for massage. The stimulation it gives is healthful but mild.

In addition to using it at the chair, prescribe this new helpmate for home use—the antiseptic link between treatments. Your patients will enjoy it for Mercitan Lotion has a deodorizing fragrance and a delightful taste.

For a limited time we will furnish fifty two-ounce bottles of Mercitan Lotion with your name and address printed on each label, and twelve 8-oz. bottles, all for \$12.00. Or we will supply a gallon bottle and the fifty two-ounce labeled bottles for \$15.00.

THE L. D. CAULK COMPANY
OF CANADA, LIMITED

172 JOHN ST.

TORONTO

More Rapid *and* More Effective Work
with Improved Instruments

THIS EDITION 75,000 COPIES

CANADIAN EDITION

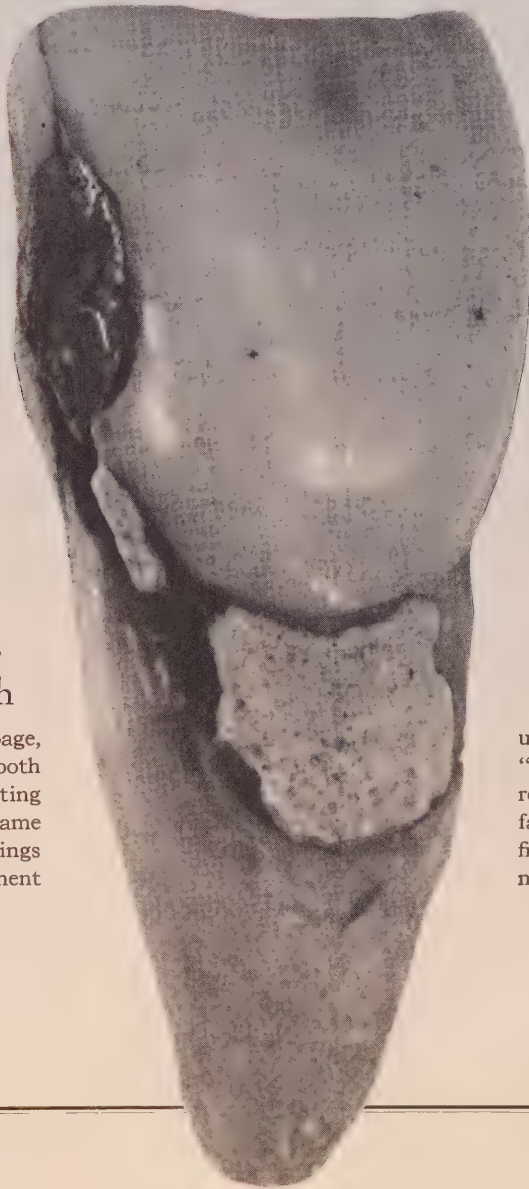
MILFORD NEWS

NUMBER

30

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

MARCH, 1924



Two Different Materials "Fail" in the Same Tooth

In the case photographed for this page, two different materials in the same tooth exhibit failures of the same sort, indicating that the causes of failure are of the same origin in both instances. When gold fillings fail the operator finds the indictment

Convincing Evidence of the Operator's Responsibility

unavoidably against him because the "maker" of the original metal is beyond reproach! But when man-made products fail, the fashion is to blame the material first, and to shrink from putting in print any mention of the operator's responsibility.

What Mistakes Are You Making?
Inquire Within

The Seven Commonest Errors

IN SYNTHETIC PORCELAIN WORK

And Their Operative Causes

THE RESULT. 1. *Off shade, or discolored.*

The Causes:

- (a) Use of some one shade "right out of the bottle" without attempt to blend for an exact match.
- (b) Dirt or dust on slab, spatula, celluloid strip, or placing instruments.
- (c) Use of nickel, steel, or soft alloyed spatulas instead of agate or Stellite for mixing.
- (d) Use of nickel, steel, or soft alloyed placing instruments instead of Stellite, agate, or ivory.
- (e) Failure to match *wet* tooth against *wet* guide.
- (f) Attempting to blend a shade according to an eye-estimate of plastic mix.
- (g) Half-done spatulation, leaving particles of uncombined powder.
- (h) Failure to coat the filling with cocoa butter during the period of initial hardening.
- (i) Failure to coat the filling with Repelac after removing the cocoa butter.
- (j) Contamination of powder or liquid in the bottles by dirt, dust, or foreign matter.

* * *

THE RESULT. 2. *Marginal discoloration, black or brown line at margins, and marginal defects.*

The Causes:

- (a) Incorrect cavity preparation.
- (b) Failure to clean margins after application of Repelac cavity lining or other substances.
- (c) Imperfect adaptation to margins.

- (d) Burnishing over celluloid strip during period of initial setting.
- (e) Failure to finish evenly and flush with enamel margins, leaving either a ditch or a protrusion.
- (f) Lax finishing.

* * *

THE RESULT. 3. *Erosion, pitting, washing out, and disintegration.*

The Causes:

- (a) Failure to isolate tooth properly so as to maintain dryness of the cavity.
- (b) Evaporation of liquid either in the bottle or on the slab.
- (c) Mixing too thin.
- (d) Mixing on a slab too warm—above 75° F.
- (e) Over-spatulation—continued beyond a minute and a half.
- (f) Failure to protect the filling with cocoa butter after releasing celluloid strip.
- (g) Finishing too soon after placement.
- (h) Failure to coat the filling with Repelac before dismissing patient.

* * *

THE RESULT. 4. *Chipping.*

The Causes:

- (a) Faulty cavity preparation and failure to provide retention.
- (b) Lack of judgment in adopting reinforcement, pins, backing, or window inlay method.
- (c) Improper trimming for occlusion, contour, and contact.
- (d) Beveled margins and frail edges.

All these disappointments may be successfully avoided by using Synthetic Porcelain with the published technique that BELONGS with it.

THE RESULT. 5. *Checking.*

The Causes:

- (a) Failure to apply cocoa butter after releasing the celluloid strip.
- (b) Applying cocoa butter too hot.
- (c) Use in centrals of mouth breathers.
- (d) Failure to coat old fillings with Repelac varnish during operations under rubber dam.
- (e) Burnishing over celluloid strip or matrix during period of initial setting.

* * *

THE RESULT. 6. *Pulp Devitalization.*

The Causes:

- (a) Failure to sterilize the dentin with liquid phenol applied in the cavity.
- (b) Failure to line the cavity with Repelac.
- (c) Failure to apply Thymozin or other antiseptic and *pressure-resisting* cap in deep cavities.
- (d) Filling cavity when pulp is infected or injured.
- (e) Mixing too thin.

* * *

THE RESULT. 7. *Heterogeneity, as shown by chalky spots or uneven texture.*

The Causes:

- (a) Powder not thoroughly incorporated by spatulation.
- (b) Mixing too fast—less than a minute and a quarter.
- (c) Adding powder in portions too small on beginning mix.
- (d) Overloading with powder at end of mix.



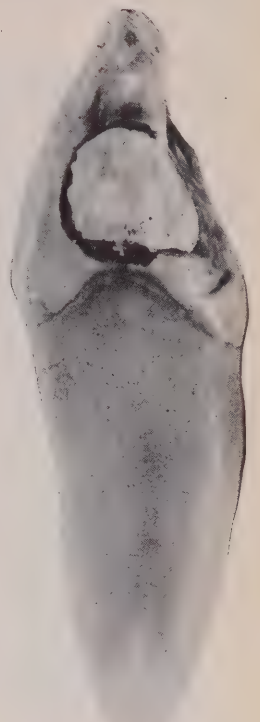
1 Cavity not extended as far as necessary. Retention lacking. Cavity margins too thin and frail, and neglected in finishing.



2 Distal of same tooth as No. 5. Inferior work done much later than the other. Material unidentified.



3 Cavity preparation nil. No regard for principles of outline form. A case of common plastering!



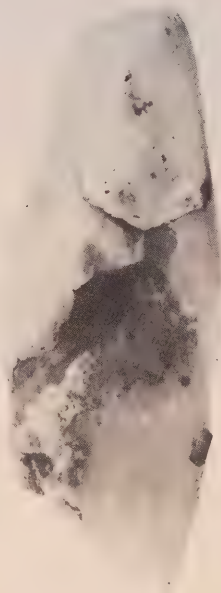
4 No retention. Principles of outline form not properly followed. This filling dropped out.

What Mistakes Are You Making?

S“H-H-H! Don’t emphasize blunders. That doesn’t help anybody. Always talk about successful work only!”

We may imagine a chorus like that coming from pedagogical experts horrified by the photographs illustrating this article. Very well. We have heard the protest. Now we proceed. But first we cite some precedents for the publication of “negative news.” Every newspaper is full of it. All the errors and all the faults that man is heir to are exposed every day, morning and evening. Most of the sermons we hear in church follow the same lead. Even the Ten Commandments are nearly all negatives.

Abraham Lincoln’s law partner, Herndon, says that one day when he was reading a book called “The Annual of Science,” Lincoln looked through it and then remarked that it seemed to be constructed on the right principle.



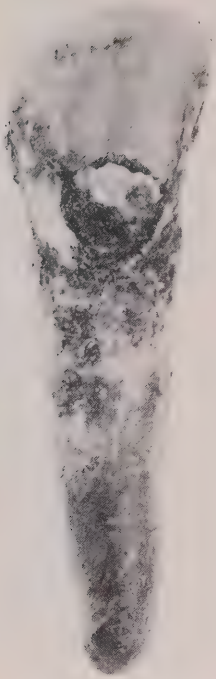
“Unlike most books of its class,” said Lincoln, “it recites the failures as well as the successes. Too often we read only of successful experiments and successful men, whereas if the history of failures were written we would save time and brainwork as well. The evidences of defeat, the recital of what was *not* done puts the scientist and the philosopher on guard and sets him to thinking on the right line.”

Every tooth pictured in these pages represents an attempt that did not completely succeed—a service not properly performed.

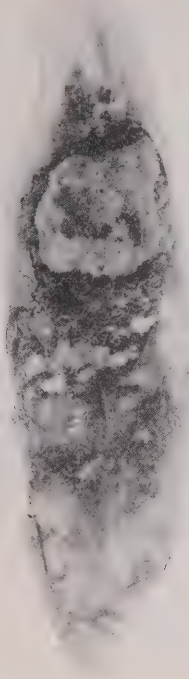
The difference between success and failure begins simply in the choice of the right material, and ends with the use of that material by the right method. By right method we mean the method that *belongs* with the particular material used, and the purpose for which it is used.

Piano and organ both have essentially

5 *This time-honored restoration is definitely known to have been done with Synthetic Porcelain in 1912. Other photographs of it appear in Milford News No. 29. The dentist who did this work says that after twelve years in the mouth the restoration resembles tooth enamel in texture and hardness—convincing proof that Synthetic Porcelain actually has the qualities demanded for the work, and that when defects develop with Synthetic Porcelain they are chargeable to the operator and not to the material.*



6 Another case without retention, and with several other evidences that proper technique has been ignored.



7 Cavity margin stops at contact point, hence recurrence of decay. Extension for prevention not carried out.



8 Lax preparation. Margins irregular. Ditches caused by neglect of proper outline form and neglect of finishing.



9 The result of lifting the strip to peek at the filling before it has had time to harden.

the same arrangement of keys. Yet the technique of playing is different. The flute and the saxophone both operate by the same system. But if the flutist wants to play the saxophone he has to learn the saxophone.

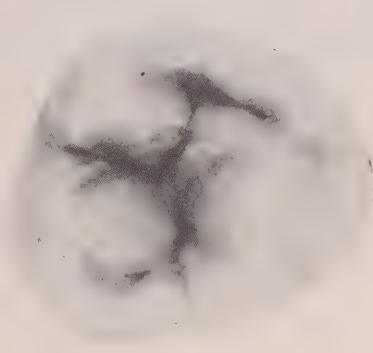
Likewise the mandolin, violin, viola, and 'cello are all strung and tuned on the same general plan. But the technique for each instrument is different. If a mandolin player attempted to fill the place of the violinist in the orchestra he would ruin the concert.

Now you've guessed it! The point is that all cementitious filling materials—all the "silicates" so-called—are *not* alike. Mixing one like another, without regard for differences in properties, yields results like those a pianist gets who tries to play an organ.

Even a hurdy-gurdy grinder will not get many pennies for his monkey until he learns the particular technique that belongs with his instrument.

After this digression let us come back to the main lesson. How are we going to prevent the kind of failures of which these photographs convict us?

The first step is to choose the material that has the innate qualities demanded for *successful* work. The one material of this kind that any experienced dentist will name first when he is asked the question, is Synthetic Porcelain. This material is the *one* that most dentists would choose to



10 Some brown lines where there is no filling, demonstrating that the brown line, sometimes disclaimed in the effort to sell inferior materials, really bears no relation to the qualities of any MATERIAL. "Brown lines" are nothing more than dirt in a crevice. This fault never occurs around any filling if the cavity is correctly prepared and the filling properly finished.

retain if all but one were to be eliminated from the market.

Even those hardy spirits who try anything once always come back to Synthetic Porcelain, therefore its manufacturers are under no necessity to brag about the general acknowledgment of its superior position in professional regard, any more than a seven-foot drum major needs to brag about his height. There is his head,

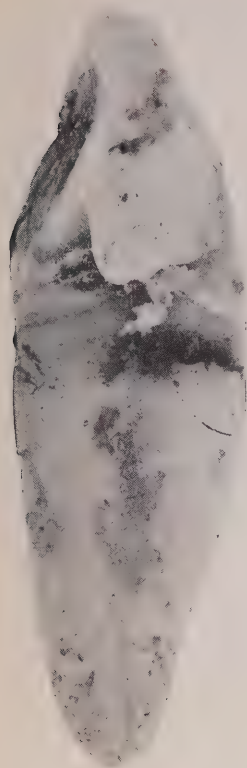
sticking up above all the others. Everybody sees it. Everybody recognizes the leader. His altitude is a self-evident fact.

The permanence or endurance of a Synthetic Porcelain restoration in the mouth may be almost anything in point of time that the *operator* chooses to make it. Why are some restorations of Synthetic Porcelain still beautiful and perfect after ten years' service, while others show erosion, discoloration, disintegration, chipping, and breakage, after a comparatively short existence—say a year or three years?

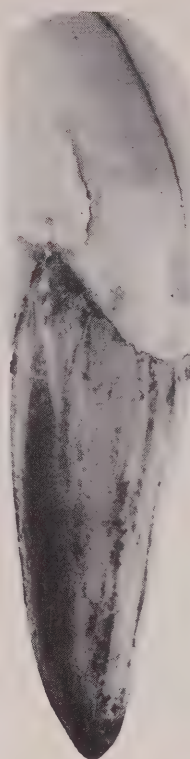
A number of reasons for this difference in results may suggest themselves to the operator. Is it a variation in quality of material? Does Synthetic Porcelain deteriorate with age? Does the operator, who sees many translucent fillings which have been inserted by other dentists, draw the conclusion that these fillings are all Synthetic Porcelain, not considering the many different silicates that have been put on the market?

How many operators appreciate the fact that most failures are owing to two fundamental causes? Either the use of inferior material, or lack of proper workmanship based upon the specific chemical and physical properties of the particular material used.

In making his choice among the number of materials available the operator can be scientifically certain that no other translucent filling material in existence has the strength, hardness, translucency, purity of



11 Pulling the celluloid strip too much to one side, overfilling one margin and robbing the other.



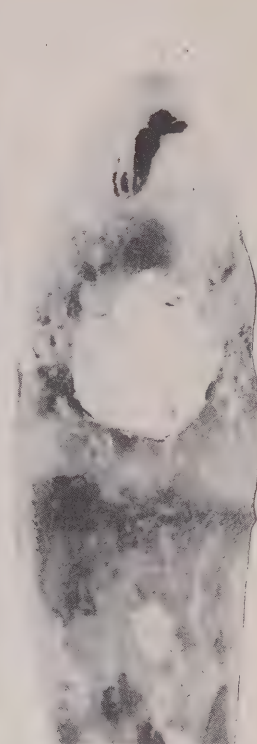
12 The same fault as in No. 8, plus burnishing, which fractured the margins. Note the "brown line" in the cracked ENAMEL where no filling exists!



13 Burnishing forced the filling over the occlusal margin and away from the cervical.



14 Another result of burnishing the filling during the period of initial setting.



15 Breaking off the excess instead of grinding it off caused these defects. This filling is also badly mismatched.

shade, and other physical and chemical properties possessed by Synthetic Porcelain. The first element in success is, therefore, to use genuine Synthetic Porcelain, for which there is no substitute.

On the question of uniformity in quality, Synthetic Porcelain again merits the operator's confidence because both its powder and the liquid are standardized in each batch by accurate physical tests which assure a fixed crushing strength, rate of hardening, setting time, and proportion of powder and liquid required for a mix of standard consistency.

Synthetic Porcelain powder or liquid does not deteriorate with age; no matter how old the powder or liquid is, its quality cannot change. If the powder is kept stoppered to avoid contamination by dust and dirt, nothing can injure its quality. The liquid will not change if kept stoppered to prevent evaporation.

Therefore, since Synthetic Porcelain is a material of standardized quality, it follows that the variations observed in practical results are the result of faulty technique.

One of the first essentials to success lies in mixing to the proper consistency. Never mix thin! Another important lookout is to be sure to prevent evaporation of liquid, by keeping the dropper in the bottle, and the cap tightly seated. Never place the liquid on the slab until ready to make the mix.

TEN Worth-while Precautions



- 1 Correct cavity outline.
- 2 No bevels.
- 3 Protection of pulp against shock, infection, irritation, pressure and trauma.
- 4 Clean margins.
- 5 Clean slab, spatula and bottles.
- 6 No evaporation of liquid.
- 7 Protection of filling while it is setting.
- 8 Isolation of tooth.
- 9 No feather edges.
- 10 Careful finishing.

No matter what may be the technique recommended for silicates, enamels, or other translucent filling materials, the operator will protect his own interests if he remembers that Synthetic Porcelain is different, chemically and physically, and that its technique also is different, though it is easy to learn and easy to apply—and the results are different!



FROM A CANDID FRIEND IN OHIO

De Trey's Synthetic Porcelain has all other materials "winned" a mile. I came very near making an enemy of another manufacturer by praising your Synthetic Porcelain. Nobody knows like the man who uses a material day after day. Long may you grow and prosper!

—Ironton, Ohio



GOOD OBSERVATION

I was glad to have your demonstrator call to see me. I have used de Trey's Synthetic Porcelain for five years, and have had remarkably good results with it. Fillings that were put in five years ago look as good today as though they were just recently inserted. I use nothing but de Trey's Synthetic Porcelain made by Caulk.—Williamsport, Pa.

A MESSAGE TO THOSE WHO RECEIVED COPIES OF THE "GIFT EDITION"



IN response to my letter of December 15 last you asked me to send the book I offered, reporting the Caulk research on pulp-canal therapy.

I take this means of expressing to you all my appreciation for your acknowledgments and the multitude of your compliments and comments on the book and the new method.

On March 10 the entire "Gift Edition" of 35,000 copies was exhausted by the response to my letter. I regret that the second edition cannot be offered without charge.

To those who have not yet done themselves the justice of reading this book I should like to say—and I am confident that all who have read it will join me in this—that whether or not you are prepared to take advantage of the practical information the book contains, at least you owe yourself a thorough reading of it as a very important contribution to the advancement of dental science and practice.

In proof of this, let us select a few outstanding examples:

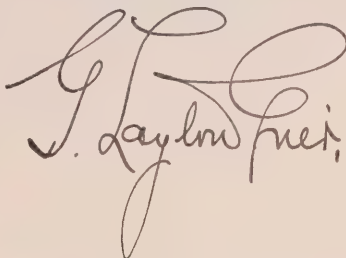
Pages 59 to 67. The utilization of the *natural* force of osmotic pressure to accomplish the rapid and complete diffusion of powerful but non-irritating germicides.

Pages 68 to 73. The alkalization which alters the environment of the infecting organisms, thus accelerating the bone-repair in rarified areas.

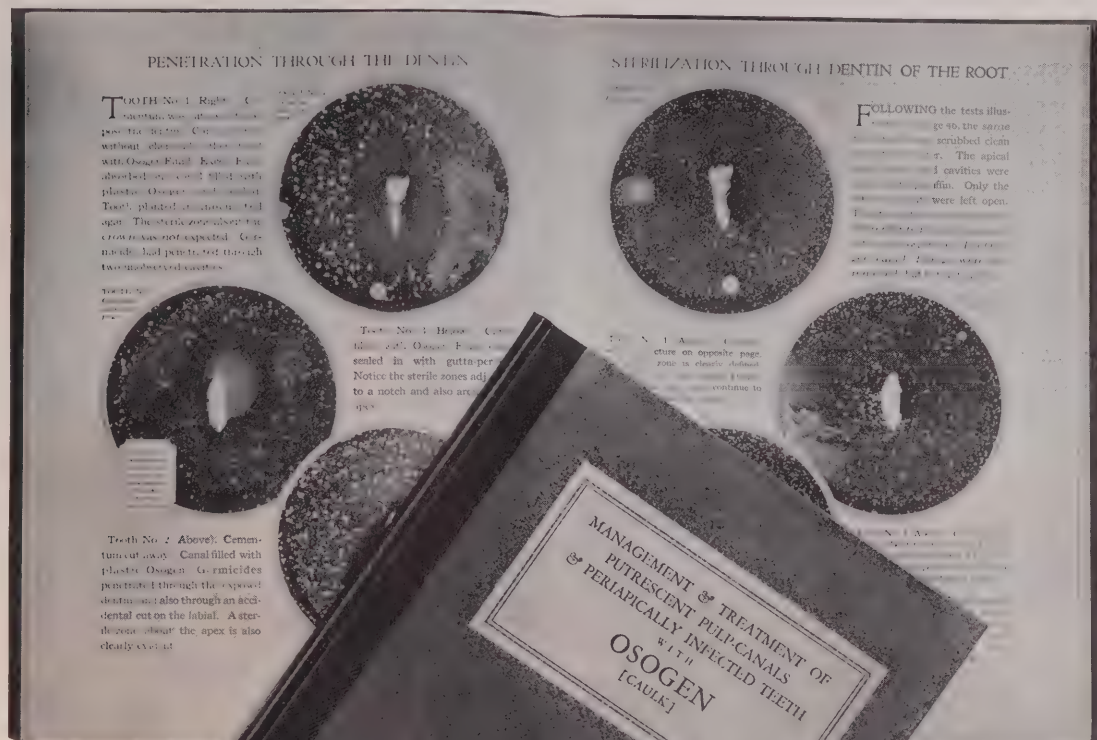
Pages 46 to 49. The permanent sterilization of inaccessible branch canals by means of germicides having selective affinity for pulp-tissue.

Pages 74 to 84. The permanent obliterative filling by a new cementitious material that locks itself into the canal with a slight expansion and no shrinkage, and maintains a stored reserve of germicide preventing reinfection.

These references merely touch a few high spots. Osogen is notable in possessing not only *all* the properties demanded by dental authorities for the ideal filling, but *also* a number of other valuable properties never thought of prior to the Caulk research. It combines in one method a complete treatment which is definitely superior to any other single method or the *combination* of all known methods. The simple one-or-two visit procedure of osogenizing is changing the entire aspect of pulp-canal therapy, not only from the medical viewpoint but from the business side of dentistry as well. In short, it offers a means for expanding that limited kind of dentistry which merely places restorations above the gum line into the real dentistry of today and tomorrow—the complete dentistry that saves the *whole* tooth, from the apex to the crown.



PRESIDENT: THE L. D. CAULK COMPANY



FORTY

OUT OF THE HUNDRED AND FORTY
SUBJECT HEADINGS

The Mathematical Ratio of Sterilization
Wide Sterile Zones About Small Fillings
Tests With Tubes Open at Both Ends
Germicidal Tests With Streak Cultures
The Reason for Two Insoluble Germicides
Chemical Activity Without Loss of Bulk
Germicidal Action After 28 Days Washing
Penetration Through the Dentin
Sterilization Through Dentin of the Root
Selective Affinity for Pulp-Tissue
Chemical Properties of Osogen
Germicidal Properties of Osogen
Physical Properties of Osogen
Mechanical Properties of Osogen

Nature's Method of Tissue Penetration
Osmosis of Fluids Through Dentin
Germicides Carried into Tooth Structure
Deep Sterilization of Tissue by Osmosis
The Physiological Importance of Osmosis
Measurements of Osmosis Through
Dentin
The Osmotic Phenomena of Osogen Fluid
Mineral Gardens Grown by Osmosis
Alkalinization Essential to Bone Growth
Tests that Demonstrate Alkalinization
Salt Action—An Effect of Osmosis
The Mechanism of Alkalinization
Diffusion into Body Tissues

Penetration Without Disintegration
Germicidal Action Without Loss of Bulk
Music Lines and Finger Prints
Fineness Measured by Blood Cells
How Chloro-Percha Shrivels in a Canal
Texture and Density Like Ivory or Bone
Osogen Locks Itself Into the Canal
Limited Hardness and Expansion
Access to Pulp Canals of all Teeth
The Operative Technique of Osogenation
The Seven Steps in Osogenation
Rapid and Effective Instrumentation
How to Make the X-Ray Tell the Truth

PER COPY

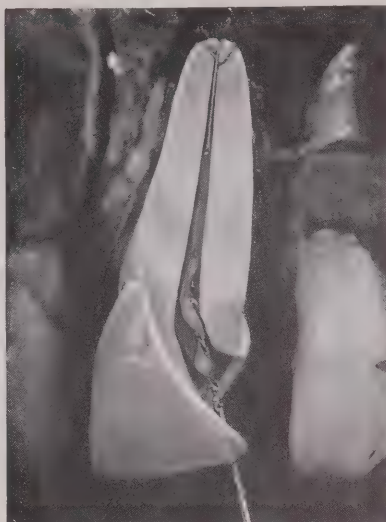
\$2.50

Obtainable Through
Dental Supply Dealers

Contains 318 Photographic
Illustrations



DIAGNOSTIC WIRE



BARBED BROACH



APICAL CURETTE

More Rapid and Effective Instrumentation with New Pulp-Canal Instruments of Improved Design

IF the vitally important part of modern dentistry commonly referred to as "root-treatment" is to be taken off of the unproductive list and placed on the profit side of the dentist's ledger, the instruments used must really be capable of doing the work.

Any instrument that sticks and jams in the canal, or that otherwise does not work efficiently, is a liability to the operator and a breeder of excessive fees, because it makes the operation too irksome, too slow, and therefore too expensive.

Tedious groping and jabbing into the canal with points like needles will not ac-

complish any service that the patient of ordinary means can appreciate.

Pulp-canal instruments are probably the smallest known to surgery, and the space to work in is extremely restricted, yet the pulp-canal operation is of an importance to the patient that bears comparison with many surgical operations on much greater areas and much more spectacular.



DEPTH GUARD AND EXPLORER

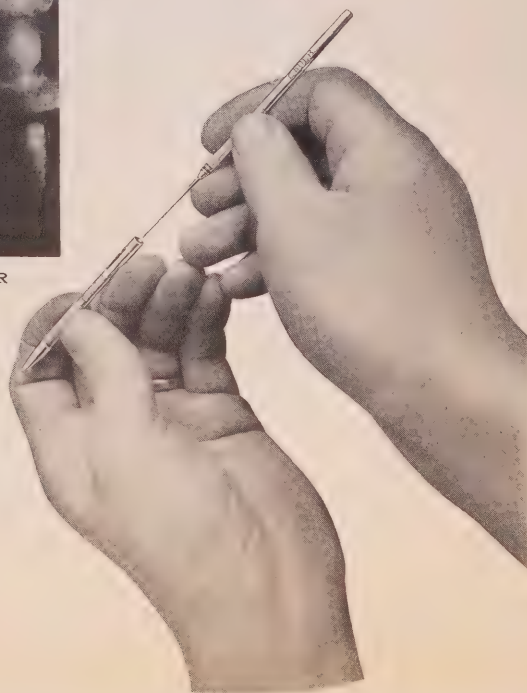


THE OLD

THE NEW

THE STICKING OR JABBING

The sticking or jamming into the sides of the canal which so often occurs to delay the operator and aggravate the difficulties of working with inefficient tools is notably absent in work done with the new instruments.



The importance of the operation gives all the more reason why pulp-canal instruments must really be efficient—not effete.

Each of the new Freepas instruments is designed to do a certain necessary part of the work, and to do it quickly—without lost motion.

Efficiency and speed are desirable in any system of pulp-canal technique no matter what method the operator may be using; therefore, although the Freepas instruments were designed particularly for

WITH EYES SHUT

You Can Pick Out Any Size Desired

Grooves cut in the handles mark the different sizes of "Freepas" Instruments.

One groove indicates Extra Fine
Two grooves indicate Fine
Three grooves indicate Medium
Four grooves indicate Coarse

THIS SYSTEM OF MARKING:

1. Prevents delays and mistakes.
2. Aids in selecting corresponding sizes of different instruments.
3. Aids in progressive use of different sizes of the same instrument.

The handles are all aluminum, ribbed to prevent slipping in the fingers.

Osogenation, they are also superior for all operations in the pulp-canal.

They get rid of the poking and fussing with obsolete instruments, and substitute a definite means of doing a definite thing in a reasonable time.

Good work naturally requires patience, but it can be the patience of progress, not procrastination and lost motion.

Thus the efficiency of root-treatments can be greatly advanced, either as independent operations or as a preliminary to restorative work on the crown of the tooth, with the result that the amount of time consumed will no longer be excessive and a reasonable compensation will no longer appear to be unwarranted.

Efficient instruments plus Osogenation will do much to wipe out the prevalent objection to "treatments" as unprofitable practice.

THE EXPLORER

The Freepas construction allows the Pulp-Canal Explorer to traverse the entire length without catching or sticking in the sides of the canal even though its shape is complicated.

The metal is neither flimsy nor brittle and is practically rustless.

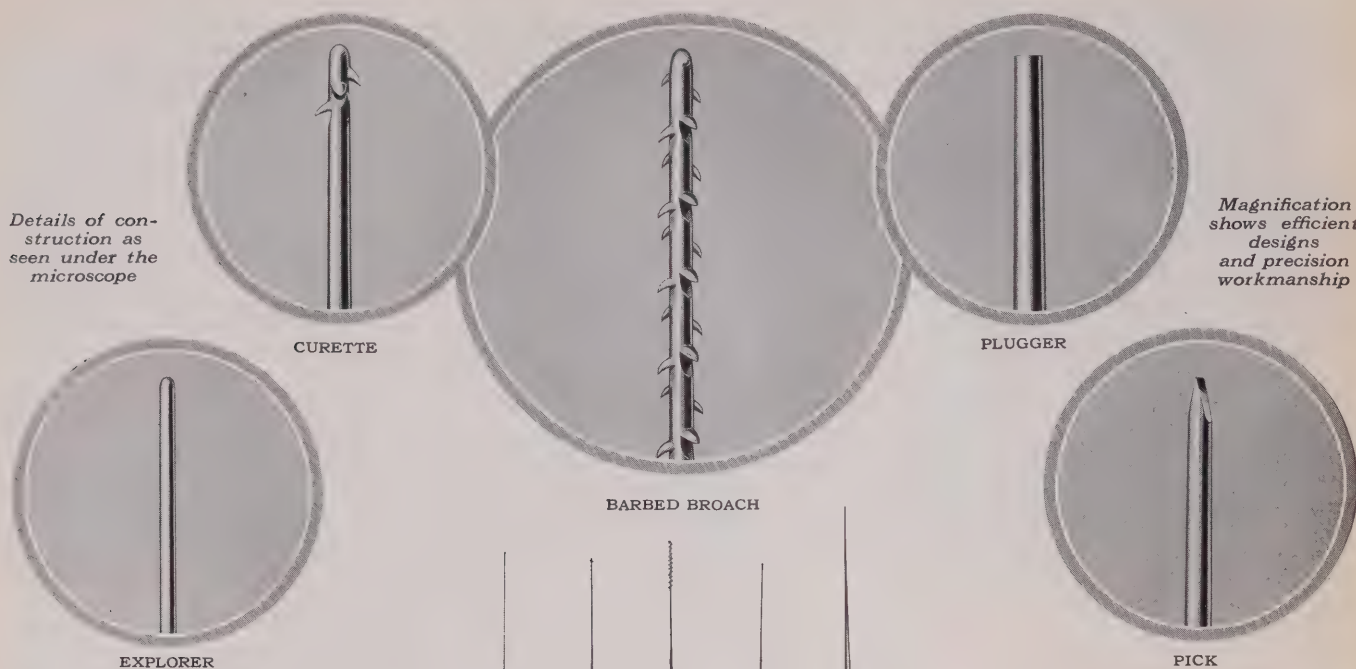
In order to loosen the pulp the Explorer is generally used before insertion of the Barbed Broach.

After the wide portion of the canal has been cleaned, the narrow portion is in-



Details of construction as seen under the microscope

Magnification shows efficient designs and precision workmanship



vestigated with the finest Explorer, gradually advancing the instrument with a series of pushing and picking motions until it reaches clear to the end of the main canal or one of its branches.

THE BARBED BROACH

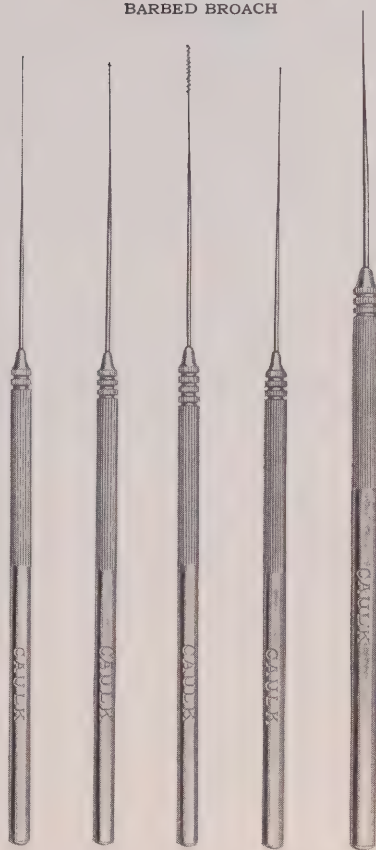
The metal of the broach is not steel or ordinary iron wire, but a special alloy, privately made. This metal is particularly suitable to pulp-canal work because it is hard enough to make sharp barbs; ductile enough to follow the shape of a tortuous canal; tough, so that it will not break easily, and practically rustless.

The temper is neither too hard nor too flimsy. Even the finest size broaches will not kink or curl in the canal.

The barbs are of a harpoon style, not standing straight outward but curving back like a fishhook. They pass alongside the pulp contents without catching or crowding. They do not chop the pulp to pieces but hook the tissue securely and usually bring it out in one piece. The cutting is spiral, placing barbs on all sides, and is graded according to the taper of the wire, but not deep enough to weaken the broach at any point.

Each broach has just the right number of barbs—thirty-eight to the inch.

This number is important for several reasons. It puts barbs at the extreme end of the broach. When barbs are spaced far apart, the first may be too far from the end. When too close, the broach is weakened. The thirty-eight barbs to the inch in the Freepas Broach are exactly right for the purpose. The cutting of the barbs is done by automatic machines, power driven—not by hand machines. Hand machines are not accurate. They deliver hard blows and light blows both, making



ACTUAL SIZES OF LONG MOUNTED INSTRUMENTS

deep cuts and shallow cuts on the same broach. Freepas Broaches are uniformly cut; not accidentally correct, but mechanically correct.

THE APICAL CURETTE

After the canal has been enlarged and cleaned, the Apical Curette is employed to find and remove shreds of cotton, paper point, particles of pulp-tissue that may remain near the apical foramina or where the canals branch. Barbs are placed only at the point and only on three sides. One side is left smooth. This construction helps to prevent locking in the canal.

The Curettes are practically rustless and are tempered somewhat harder than the Explorers and Broaches.

THE HATCHET-EDGE PICK

When the canal is obstructed with secondary dentin or pulp-nodules, use this Pick in the manner of using a miniature flexible pickax or chisel, to chop through the obstruction. Because of its double-bevel construction this Pick has a tendency to follow the line of least resistance along the canal and therefore does not cut pits or notches in the canal wall.

The larger the amount of Osogen in the canal, the better are the results to be expected. The small amount of Osogen Fluid that can be put in a hair-size canal, obviously can not be expected to accomplish the same results as a larger quantity of Fluid. A small amount of Fluid in a fine canal may all be absorbed into the dentinal tubules before it can reach the apex. An enlarged canal is easier to work in, easier to fill, will hold enough Fluid to sterilize the dentinal tubules, all branch canals and the periapical region. The sterilizing action of both Fluid and the compound become more rapid and more effective as the quantity or bulk is increased in the canal.

THE PULP-CANAL PLUGGER

The special alloy of which these instruments are made prevents any corrosive chemical action in connection with Osogen. Ordinary instruments should never be used in contact with Osogen because of liability of subsequent discoloration.

The smallest Plugger is used to pack Osogen or other material into the apical third of the canal. The medium and large sizes serve to pack the larger parts.

THE METAL IS DIFFERENT

To guard against rusting and to make these instruments as serviceable as possi-

ble, all Freepas Instruments are made of special private-formula alloys.

The Pluggers are made of a special non-corrosive alloy, which prevents chemical action between the metal and the Osogen. (Steel instruments are prohibited for use with Osogen because of possible discoloration.)

The special metal used for Explorers, Broaches, and Diagnostic Wires gives superior toughness, hardness, ductility, flexibility and practical immunity to rust and acids.

These metals are not absolutely rust-proof or acidproof. To make them so would sacrifice other necessary and desirable properties; but with ordinary care and usage, liability of rust and corrosion are practically eliminated.

Styles, Sizes and Prices of Caulk "Freepas" Pulp-Canal Instruments

PULP CANAL EXPLORER, two sizes	
Long mounted, per dozen.....	\$1.60
BARBED BROACH, four sizes	
Long mounted, per dozen.....	1.60
Short mounted, per dozen.....	1.60
HATCHET-EDGE PICK, four sizes	
Long mounted, per dozen.....	1.60
Short mounted, per dozen.....	1.60
APICAL CURETTE, four sizes	
Long mounted, per dozen.....	1.60
Short mounted, per dozen.....	1.60
.Each size in boxes of half-dozen.	
Also in half-dozen, assorted sizes	
NON-CORRODIBLE PLUGGER, three sizes	
Long mounted, box of five.....	1.05
DIAGNOSTIC WIRES, one size	
Per box of one dozen.....	.80
DEPTH GUARD (GAGE) Angle.....	1.60
DEPTH GUARD (GAGE) Straight.....	1.60

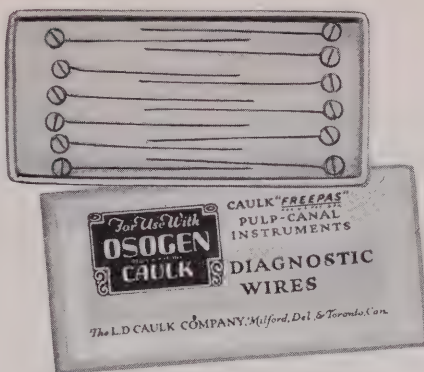
Files and Reamers are not included in this outfit because excellent makes are to be obtained from any reliable dental supply dealer. The instruments and accessories listed above are indispensable because satisfactory results can not be done with substitutes.

CONTROLLING THE DEPTH OF INSTRUMENTATION

The recommendation to stop instrumentation short of the apical foramina is a bit of good advice that applies to all pulp-canal work, whether Osogen is used or not.

For this reason some device to limit the depth of instrumentation is considered essential by experienced operators.

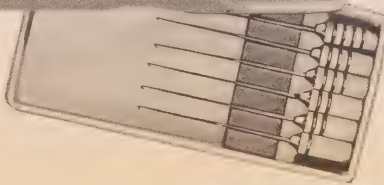
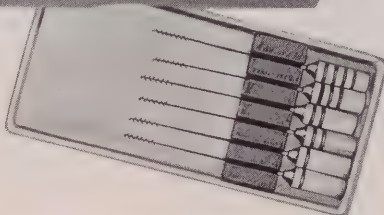
The Caulk Depth Guard (Gage) is of a new and very simple construction. It has no moving parts, threads or screws and requires no mechanical adjustment except



The Safety Loop

The clasp on the end of the Freepas Diagnostic Wire holds floss silk without tying, and also serves as a secure grip for fingers or pliers.

Like the other Freepas instruments, the Diagnostic Wires are constructed to follow the canal to the end without sticking or buckling. The metal is virtually rustless.



insertion of the instrument until its point projects about an inch. Then pass the point into the canal to the spot where instrumentation should stop, as indicated by diagnostic radiograms or other means. Hold the instrument firmly and slip the Guard down against the tooth. The instrument can then be used freely without any danger of penetrating beyond the fixed limit, and when the length of its projection is marked on the record chart or on a piece of paper, other instruments can be regulated to the same length, in the Guard, so that they will all go the same distance into the canal—and no farther.

The Dean of a prominent dental college, after using a set of Freepas instruments in a number of cases, gave instruc-

A Suggested Set of "Freepas" Instruments for Trial

- 5 Non-corrodible Pluggers, assorted
- ½ Doz. Explorers, assorted, long mounted
- ½ Doz. Barbed Broaches, assorted, long mounted
- ½ Doz. Barbed Broaches, assorted, short mounted
- ½ Doz. Hatchet-edge Picks, assorted, long mounted
- ½ Doz. Hatchet-edge Picks, assorted, short mounted
- ½ Doz. Apical Curettes, assorted, long mounted
- ½ Doz. Apical Curettes, assorted, short mounted
- 1 Doz. Diagnostic Wires

PRICE COMPLETE, \$7.45
Obtainable from all Dealers

tions to have every student provided with a set: "These instruments," he said, "are the kind we need for the work we are teaching. They are the handiest and most effective pulp-canal instruments I have ever seen—just what I want." The same opinion prevails with all operators using them.

BRING DOWN THE DEAD-BEATS

When you allow a patient to ignore your bill for fees, you virtually admit that the service was worthless, according to an article in "The Link." Can you imagine a good merchant cancelling a bill without making an *investigation*? If dentists want to build profitable practices they must plug the leaks just as business men do. A certain percentage of loss and charity work must be expected and *provided for* each year, but the Chronic Dead-Beat should be chased down and held to account.



Germs do not die because a label says they will

It is easy to make a mouth wash that is pleasant to the taste. But the vast majority of these pleasant lotions and mouth washes *are not effective*. They cannot kill germs—even if the label says they will. In addition to their inefficacy many are even dangerous to use—containing zinc chloride or formaldehyde or mineral acids.

Mercitan Lotion is entirely free from all harmful substances condemned by dental authorities. It is one lotion you can recommend with the certainty that it will do your work satisfactorily *and* pleasantly.

Prescribe Mercitan Lotion for use at home after extraction, prophylaxis or any other operative work that causes soreness or injury to the gums. Mercitan Lotion will relieve these painful conditions with remarkable rapidity. Your patients will be

grateful to you, for besides having most rapid healing properties Mercitan Lotion has a deodorizing fragrance and a most delightful taste.

For a limited time, we are making two special offers on Mercitan Lotion, which dentists will appreciate.

Special Offer No. 1.—One dozen eight-ounce bottles Mercitan Lotion..... \$9.00
Fifty trial size bottles at special rate 6c each (less than cost)..... 3.00
Fifty special labels with the dentist's personal name and address, **NO EXTRA CHARGE**..... 0.00
\$12.00

Special Offer No. 2.—One gallon bottle Mercitan Lotion..... \$12.00
Fifty trial size bottles at special rate 6c each (less than cost)..... 3.00
Fifty special labels with the dentist's personal name and address, **NO EXTRA CHARGE**..... 0.00
\$15.00



For Your Denture Patients

Tough mucin-films and germ-plaques disappear with the utmost ease when artificial dentures are cleaned with Caulk's Denture Cream. Let us send specimen copies of "Comfortable Dentures," a booklet that will be helpful and interesting to denture patients.

The L. D. CAULK COMPANY

OF CANADA, LIMITED

172 JOHN ST.

TORONTO

Foreign Bodies Taken From Air And Food Passages

THIS EDITION 75,000 COPIES

CANADIAN EDITION

MILFORD NEWS

NUMBER

31

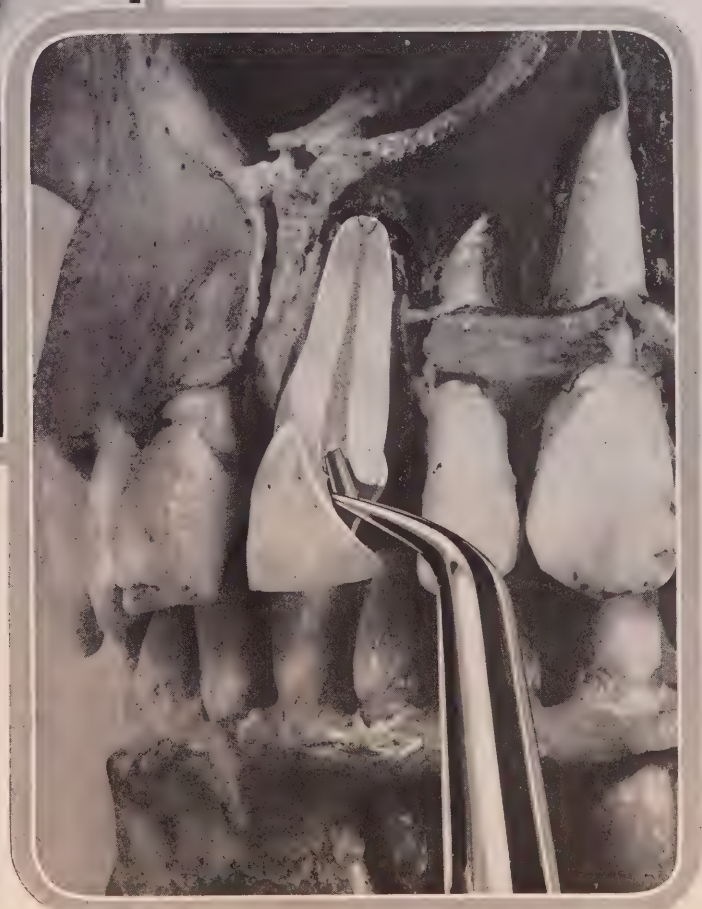
COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

APRIL, 1924



*The BEGINNING
AND THE END
of A PERFECT
OPERATION*

Osogen



By a new method that is at once easy and safe in operation, and certain in results, Osogenation eliminates infection, prevents reinfection, promotes repair of bone tissue, and so saves the tooth.

*Also In This Issue: A Pressure-Proof Temporary Filling
Report on Mercitan Case 217*

Stop the Selling of Fifty-Dollar Dentistry for Ten Cents or What Not

JUVENAL himself could hardly put more emphasis on a crass condition than does this keen-witted dentist who writes from Philadelphia:

"Editor, Milford News:

"Great work, old top, but do you realize the possibilities of your little book for even greater progress in the future? Unfortunately one part of the student's training at college is sadly neglected—that being a sound and thorough business training along practical lines pertaining to his life's work. The outcome of this grave mistake is in some instances a lack of desire to give and to get all there is in life for himself.

"Take the dental profession as a whole, and analyze each individual (if you could) and compare our methods to any other kinds of business success, what would you find?

"Your book, for instance, is a very good teacher—but it is stopping there. Why not start some propaganda to prevent capable men selling a fifty-dollar article for ten cents; or what not? And last, but not least, have Congress pass a law to compel one good, live, progressive dentist to lecture to the students and teach them common-sense before they leave college.

"When a student starts in practice, after graduation, he at first becomes a fairly busy man, because all the dead beats in the neighborhood are at once with him. At the end of the year he simply has names and addresses on his balance sheet.

"Think this over—it is good dope and a neglected opportunity at least to start something with the students now at college and teach them—oh, well, what's the use—I guess I have wasted my time in writing about something which will eventually happen—about 12964 A.D.

"To progress yourselves means that we must be fast thinkers ourselves. Paint every college with that good old flour sign, 'Eventually, why not now,' and Caulk will print two papers instead of one, also the dentist will eat at regular intervals."

THE KIND YOU READ ABOUT!

"A crowned tooth was giving trouble," writes a dentist of Wilmington, Delaware. "After removing the crown with much difficulty I then had quite a job to remove the cement.

"A cement like that was just what I had been wanting, so I asked the patient to tell me who put the crown on, and I called the dentist on the phone. He informed me that the cement he had been using for a long time was Caulk's.

"Now I use Caulk's Cement, Twentieth Century Alloy, and Synthetic Porcelain. They can not be 'beat' so why look any further!"

A Tip on the Market

IF a tailor had made a business suit for you that was perfectly satisfactory, could you question his ability to fit you equally well in a dinner jacket or an overcoat?

Think with me a moment and put the same question to your choice of materials for the various needs of daily practice.

I am confident that every professional reader of these lines uses at least one material bearing the Caulk name, which he prefers because it has proved to be definitely the best he has been able to find for the purpose.

This satisfaction in one material is the safest possible guide to equally satisfactory results in other ways. All materials bearing the Caulk name are products of the same technical study and ability, the same long experience, and the same endeavor to keep the Caulk standard on a par with the most exacting requirements of modern dentistry.

With this in mind, you have an "inside tip on the market", so that in case of doubt or dissatisfaction, you can always make a safe choice and avoid experimenting at your own expense.

G. F. Layton, Jr.

The Self-Treatment for Putrescent Pulp Down on the Farm

"YOU should remove my name from your list," writes a New York State farmer.

"I am not a dentist, nor yet a gentleman farmer—just an ordinary farmer with three cows and a horse. Moreover I have neither wife nor family and have never treated teeth for others.

"But perhaps you may be interested in my experience with pulp canals. Some eight years ago I had two teeth crowned—a cusp and an incisor. Though the work was done by a large establishment the pulp canals were not treated. Later on these teeth began to ache, became loose and ulcerated. I knew what to expect from a dentist because a patient having such a tooth was told it must be pulled.

"So with a fine needle I drilled up through the crown into the canal. This was swabbed out with carbolic acid—full strength. The liquid from the ulceration was removed, as much as possible, by drawing gently on the tooth and wiping canal with dry cotton. A little saturated cotton was sealed in the canal, some acid being forced around the end of the root.

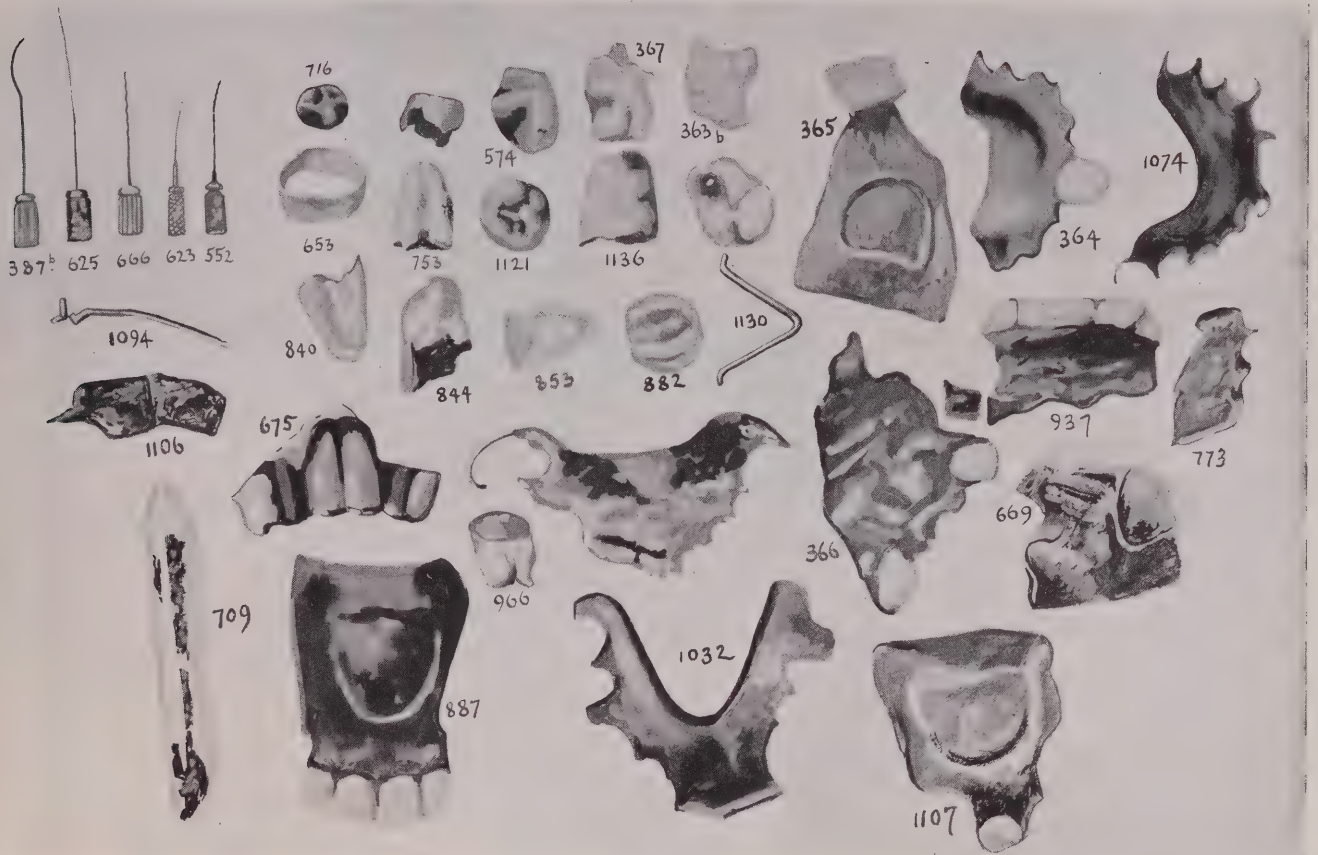
"This treatment was repeated at least every day or as often as pressure from accumulated liquid became painful. A little Tincture of Iodine was used once or twice. In about a week only clear blood around the root seems to indicate complete sterilizing and that the root is commencing to heal in. After this the tooth is disturbed as little as possible, the saturated cotton being changed once a week for three or four weeks, when the tooth becomes firm and serviceable. I have about a dozen roots treated in this way. When the crown is kept sealed they seldom give trouble.

"Since learning something of how the work should be done I have received much better treatment from the dentist. It would seem an advantage if you could very briefly tell the public something of the possibilities of modern dentistry. The profession itself doesn't seem much concerned.

"Twenty-five or thirty years ago few thought of preserving their teeth. When trouble commenced they were traded for 'store teeth.'

"About that time I saw an item on the successful transplanting of natural teeth—for some wealthy person. Now, thought I, if this is possible why not keep those already planted? The dentist said it would cost a farm. And the few fillings he placed soon came loose. Then I happened to find a little cheap cement and with some outside help have since kept my teeth repaired.

"I regret the mistake about my occupation and must beg your indulgence for not writing sooner."



Foreign Bodies of Dental Origin Removed from Air and Food Passages

ANALYSIS of the circumstances attending the occurrence of these accidents," Dr. Clerf writes, "shows an absence of carelessness on the part of the dentist, and they can be classed as purely accidental. When one reflects on the enormous numbers of patients examined and treated by dentists, the comparative infrequency of these accidents is indeed, a great tribute to the skill of the dental profession.

"ARTIFICIAL DENTURES in most instances were defective or badly fitting, and the patients very carelessly continued to wear them in that condition. The denture may become dislodged during sleep, anesthesia, epileptic seizure, or any condition producing unconsciousness, or when eating, and is then either swallowed or aspirated. Of the twelve cases, eleven lodged in the esophagus and one in the left bronchus.

"Case foreign-body 887 was swallowed while the patient was asleep. The denture was defective, having broken three years

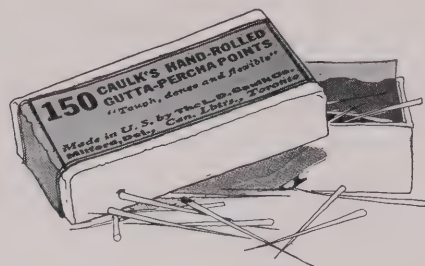
Louis H. Clerf, M.D.

writing in the U. S. NAVAL MEDICAL BULLETIN, reports forty different foreign bodies of dental origin taken from the air and food passages of patients at the Bronchoscopic Clinic, Jefferson Hospital, Philadelphia. ¶ These forty objects, Dr. Clerf says, include artificial dentures, teeth or tooth fragments, gold crowns, broaches, amalgam fillings, orthodontic appliances, and, in one case, a gold bridge. This article is re-printed by permission of the author and the U. S. Naval Medical Bulletin.

previously, and was worn constantly in this defective condition. Case foreign-body 965, originally supporting three upper teeth was swallowed while eating. Case foreign-body 937 was swallowed while the patient was sleeping. It was defective, one

of the clasps to hold it in place having been lost. Case foreign-body 669 was swallowed when the denture broke while in the patient's mouth. Case foreign-body 1107, a badly fitting denture, was swallowed while the patient was eating. Cases foreign-bodies 1032 and 1074, both badly fitting, were swallowed during epileptic seizures. Case foreign-body 773 was aspirated in the left bronchus when the patient, falling unconscious, broke the denture.

"ASPIRATION OF TEETH.—Portions of a crushed tooth or even an entire tooth may be aspirated during exodontia, especially when a general anesthetic is used. The almost general use of the upright position, combined with stertorous breathing during anesthesia, especially when nitrous oxide is used, are of etiological importance in this accident. In one case of tooth aspiration a local anesthetic was used. In the remaining nine cases a general anesthetic was given. Case foreign-body 709 was aspirated during the extraction of twenty



Those Extra Long Fine Points That You Want are Made by Caulk

Dense Texture and Toughness

THE extraordinary toughness of Caulk Gutta Percha permits the rolling of CAULK GUTTA PERCHA POINTS to an extremely long, fine taper. The hand-rolling of each point insures density of texture with flexibility. Color, pink, white and assorted in a number of different sizes.

teeth under ether anesthesia. It was not recognized until five years afterward that all the symptoms were due to a foreign body. Case foreign-body 844, a portion of a crushed tooth, was lost during extraction under Somnoform. Case foreign-body 1136 was removed from the right main bronchus two months after ten teeth had been removed under gas anesthesia.

"GOLD TOOTH CROWNS.—In one instance—case foreign-body 653—the band of a crown was accidentally lost while attempting to fasten it to the tooth. While attempting to loosen a crown—case foreign-body 855—it suddenly sprang loose and disappeared in the pharynx. In another case—foreign-body 882—a crowned tooth was being extracted under gas anesthesia. The pharynx had been carefully packed off. The crown slipped from the forceps and disappeared, although the root was retained in the forceps' grasp. In these three cases the loss was accidental. It was recognized immediately, and with the Roentgen-ray the foreign body was located in the right bronchus in two cases and in the left bronchus in the remaining one. Bronchoscopic removals were effected under local anesthesia.

"DENTAL INSTRUMENTS.—But one kind of dental instrument has been found as a foreign body in the Bronchoscopic Clinic, namely, a broach or canal reamer. Because of its construction and the rotary motion imparted to it when used, an insecure grasp is afforded. This, combined with the sudden jumping of the patient, are contributory factors in the occurrence of this accident. Of the nine cases, all were aspirated into a bronchus. Among all the cases in which bronchoscopy was done there was but one case of failure to remove the dental reamer. This occurred in the early days of bronchoscopy, when all the aids to successful removal were not available. Today removal in such a case could be successfully done.

"AMALGAM FILLINGS are usually lost during extraction, especially if the tooth is crushed by the forceps. Of the two cases noted, one filling—case foreign-body 716—was lost and aspirated when six teeth were extracted under gas anesthesia.

"ORTHODONTIC APPLIANCES are often defective or are improperly applied by the patient. Case foreign-body 1094 was lost in the pharynx while being adjusted. Case foreign-body 1106 disappeared during an abdominal operation under general anesthesia. Its absence was noted by the patient, but it was not discovered in the left bronchus until fourteen months after, when he was examined by the Roentgen-ray on admission to a sanitarium for supposed pulmonary tuberculosis. Case foreign-body 1130, a spreading brace, was swallowed while ice cream was being eaten. The patient, who applied the apparatus daily, failed properly to secure one of the ends.

"GOLD BRIDGE.—In this instance, case foreign-body 675, a three-tooth bridge accidentally slipped while being fitted and was aspirated into the right main bronchus. Bronchoscopic removal under local anesthesia was done.

"CONCLUSIONS.—All dentures should be kept in good repair and properly fitted. The mouth should be carefully inspected for dentures, loose teeth, and any loose corrective appliance before administering a general anesthetic, and the same precaution should be taken in all cases of unconsciousness. Persons wearing dentures should always remove them before going to sleep.

"In exodontia, especially under a general anesthetic, packs or a dam should be properly placed to prevent aspiration of teeth fillings or crowns. Every tooth, fragment or filling should be accounted for

in the same manner as the abdominal surgeon accounts for sponges and instruments used before completing the operation.

"Orthodontic appliances should be securely fixed in situ, as application by the patient is often carelessly done.

"If there is any question about the loss of a tooth, appliance, or filling, careful Roentgen-ray examination from the nasopharynx to the tuberosities of the ischia should be immediately insisted upon. Only in this way can the reputation of the dentist be safeguarded and the interests of the patient served."

OFF AGAIN ON AGAIN

"I have been using Synthetic Porcelain since 1914, but because I like to keep up to date I am always willing to investigate anything that a salesman may tell me is 'something better.'

"I tried another new one a few weeks ago with the same old result—not so good.

"After trying the new ones a few times I always return to the Original Synthetic Porcelain.

"The old Synthetic Cabinet has served me well these nine years, so I have retired it and am ordering a new cabinet and fresh supply.

"Nothing yet is so good as Synthetic."

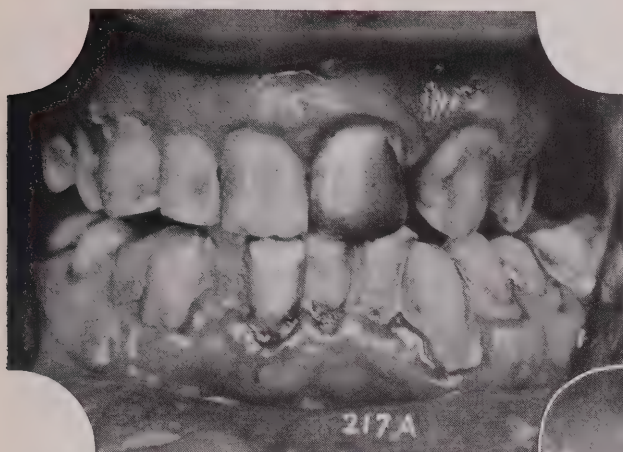
NO BLARNEY IN THIS

"Why not send out a catalog of everything you make?" asks a professional friend who practices in Georgia. "I have never seen a poor article put out by Caulk people. I need more Caulk products, and order them as fast as I see them advertised in 'Milford News.' When I see 'Milford News' I put off my work until I read it—(have never been to Ireland and have not kissed the Blarney Stone, as some might suppose, if they read this). I am interested in everything made by Caulk and think that you are really finishing the graduates as they leave school. I have treated pyorrhea for about eight years with success, *sometimes*. Most of the time I had 'come-backs', but now have very few come-backs since I've started the Mercitan."



The Only Solvent for Repelac

ALCOHOL, ether and chloroform are *not* solvents for Repelac. When Repelac evaporates and becomes thickened the addition of a little REPELAC SOLVENT will again reduce it to the desired fluidity. The Solvent also is useful in removing the protective coating of Repelac from gums, tooth surfaces, etc; and as a cement for celluloid strips and Crown Forms. It also dissolves wax and many resinous substances.



A Chronic Case Affecting the Entire Mouth *Completely Healed in Four Treatments*

Mercitan
Case
217



*First photograph
taken July 20*

*Final photograph
taken August 31*

JULY 20, 1923. First photograph taken. Pockets not exceptionally deep, but gums swollen, of a dark red color, and the margins everywhere free of attachment, to a depth of three or four millimeters. Pus forming under the gum margin at all points. A chronic case which has been a number of years in this condition.

All superficial tartar and stains removed. Patient dismissed for one week with detailed instructions for home treat-

ment with Mercitan Lotion and Mer Dentifrice.

July 27. Fluid No. 2 applied on Tampons under the free margins of the gums about all teeth. Deposits found and removed.

August 3. Fluid No. 2 applied under all the free margins. Scaling and polishing continued.

August 10. Cream No. 2 and Mercitan Tampons applied under the free margin of the gum at all points. Additional planing

and polishing of the gingival spaces.

August 17. Cream No. 1 applied under the free margin of the gums with the Miniature Stellite Spatula. The gums have regained their normal position. No spaces remain in which Tampons could be packed. Polishing finished, including the gingival margins.

August 31, 1923. Final photograph taken and patient dismissed with instructions to continue the home treatment.

MERCITAN RELEASED

ALL the old rules—good ones they are, too—that guide the sponsors of a new product, were purposely pushed away when Mercitan was introduced. What was the result? The whole dental trade puzzled. Some dealers critical. Others downright resentful. Also some dentists indignant because of the round-about way of getting what they wanted.

Yes, and what other result? This one, the handsome and juicy fruit of a thorny growth. A new method, a successful, really helpful way of treating pyorrhea actually put to work by some eighteen thousand dentists for their patients' lasting benefit. And their own benefit! Something new in the state of dentistry, something that the pessimistically inclined majority would have condemned three years ago as an impossibility.

And most of this accomplishment owing to a backward, contrary, sales-blockading method of introduction!

Ever since the day the name Mercitan was first printed, the warning has been constantly repeated that Mercitan does not cure anything. *It can not practice dentistry.* The dentist must do his share of the work. But he relies upon Mercitan to help him *as nothing else can.* If Mercitan had been introduced as a cure-all without limitations, the mainspring of the new method would have been broken. The Man-Without-Information and the Man-In-A-Hurry would have torn the works out and condemned the whole mechanism.

But now, after three years of patient conservatism, and a growing increase in understanding and confidence, eighteen thousand dentists are able to demonstrate to themselves every day the *efficiency* of Mercitan Treatment, and *their* success puts up a sign of safety that attracts others. A professional background has been built up against which those dentists who still stand as spectators may see Mercitan in operation under the most convincing surrounding.

*Beginning March 1, Mercitan—Fluids, Creams, Renewal Packages, everything in the list—
can be obtained direct from stock at all dental supply dealers.*

1489 *Canada*
Have intended writing you for some time regarding results with Mercitan treatment, but being busy, neglected doing so. Upon receipt of it I started on every case that presented, that is those who would keep their appointments and cared to save their teeth, and must say that I have had good results. From the first I felt that it was the only treatment that was likely to cure. Have treated some very stubborn cases and all either got well or were much improved. Thanks for your book of reports, most of which agree with my own results.

1490 *Washington*
I have been using Mercitan for a year or more, having been employed with Dr. ——— of ———, I received a very thorough course in prophylactic work, and am now using Mercitan and getting wonderful results. I have taken a course in prophylactic work and have the mouth as clean as possible before treatments are started. I have had four cases since opening here and every one has responded to treatment as rapidly as could be expected. The case described is as difficult a case as I have seen. Patient's gums would bleed with such activity at night that the pillow was full of blood. He is very weak and it will be some time before I will discharge him. Medical men here prescribed a mouth wash, but would not allow him to brush his teeth. Now he brushes his teeth regularly with no apparent discomfort. I intend to treat him for at least four months before discharging him and have him visit me once a month so I can keep a check on him. I have handled some difficult cases with Mercitan and have lots of faith in it although I have found cases which did not respond for some time after treatment has commenced, but if the teeth and roots are cleaned and polished and the treatment technique carried out, I believe you can get the results. I wish to thank you for the Caulk's Heavy Duty Cleanser. It is a "bear." I would still be using the powders and pumice and musing up the office if you hadn't included the tube with my Mercitan.

1491 *California*
I commenced the Mercitan treatment three weeks ago, on two patients, all with the lower incisors quite loose, and gums in a spongy condition and bleeding profusely; after four treatments gums hard and healthy, bleeding stopped and teeth almost firm; patient happy and myself more than pleased. Case No. 2—patient told was necessary to lose all of his teeth, bad traumatic conditions and to gain his confidence operated only upon the two left upper

bicuspid, which were very loose and gums bleeding so profusely that it took some time to stop hemorrhage. In this case did all my scaling and corrected the trauma at first sitting and after two applications of Mercitan find gums hard and bleeding entirely stopped even under heavy pressure and the two teeth tightening rapidly. Patient delighted that he does not need to lose his teeth and will now commence on his other teeth with which I am sure of the same results.

1494 *Iowa*
Concerning the Mercitan can only say that it produces results beyond my wildest dreams. Have always followed your instructions to the letter and see that the best results can be obtained only by doing so.

1505 *New York*
Mercitan is indispensable in my office.

1512 *Wisconsin*
I am more than satisfied with the results that I have obtained with Mercitan. First, I can say that I have treated at least thirty cases of pyorrhea and have been able to put this statement to my patients. "If you are not satisfied with the results that we obtain from this treatment you do not need to pay me one cent for the treatment. And to date I have received pay for every one. I have in my possession two letters from physicians complimenting me on the results that I have obtained on two cases that I considered cured.

1514 *Pennsylvania*
At the present time I have four patients undergoing Mercitan treatments. Two are pyorrhea cases, two gingivitis. I haven't given more than four treatments to each patient, but the results so far are excellent. Not only have I been able to relieve pain but also in treating loose teeth I have been successful. One case in particular showed deep pockets and extreme recession in the lower incisors. Three teeth were loose. After four treatments the patient is no longer troubled with sore gums, no odor, and teeth are more firm. Mercitan is the greatest existing treatment for gingivitis and pyorrhea I believe, and through its use my patients requiring such treatment are increasing.

1515 *Wisconsin*
Mercitan can not be praised highly enough. It is wonderful. My patients are thoroughly satisfied with the results after only the first treatment. Personally, I have never seen any medicament work so rapidly and thoroughly as Mercitan.

1516 *District of Columbia*
I have been using Mercitan almost daily since last April with more than gratifying results.

1537 *Tennessee*
It would be a good idea if you could get a lot of those who are doing so well to tell just how they managed the cases and then distribute them to us fellows who are not doing so well. I am doing better with it than anything I ever used, but am not having the success some are claiming and would like to do better. Will greatly appreciate any suggestions.

1539 *Pennsylvania*
Your more than friendly letter prompts me to write you with reference to my experience with Mercitan. With but one exception, results have been all, and more, than I could have asked for. I have treated cases that looked absolutely beyond restoration, and the results have surprised me. In the case I referred to above, I am able to reduce the inflammation to practically zero, only to have a recurrence in a week's time as violent as at first. This recurrent condition is confined to the lower incisors and it has me stumped.

1542 *Illinois*
I never cured a case of pyorrhea until I had removed *all* irritants—nor did anyone else. Then the tissues resume their health naturally if the condition can be maintained by mechanical processes, gum hardened by massage. I use Mercitan to help heal lacerated tissue. If one can not remove all irritants, Mercitan or anything else will not cure.

1544 *New York*
I am as enthusiastic as ever about Mercitan—having excellent results. Think Injecto-gun fine idea.

1545 *Illinois*
Last Saturday a patient presented with a most fetid breath, gums badly swollen and bleeding freely, teeth so sensitive could hardly be touched. Used Mercitan and when he came Tuesday you should have heard that chap rave over the results. Said his friends laughed at him for coming to me from Chicago, a distance of twenty-five miles but he said he knew I would have the latest treatment. The breath is O. K., the gums look healthy and the bleeding has stopped with the exception of two places and the teeth are normally sensitive. I also showed him how to brush his teeth and gums and massage the same. Thanking you for giving such an efficient treatment to the profession.

The Lighthouse and The Rockets

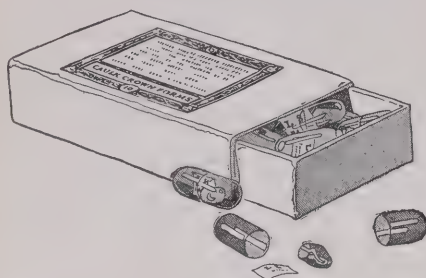
五十年來



AFTER the momentary attraction of imitative claims and promises that flare up once in a while like sky-rockets, even those hardy spirits who try anything once always come back to genuine SYNTHETIC PORCELAIN, and to the scientific basis on which it stands, like a lighthouse on a rock

"The rocket rises anywhere and goes nowhere," said Kwien-Lun the Sage. "I dare not guide myself either by its flash or its whistle. But when the powder is burnt and the stick has fallen then I am thankful for the solidity of the rock and the constancy of the light upon it, showing me the way of safety."

Celluloid Crowns



CAULK CROWN FORMS were first made for use with Synthetic Porcelain to facilitate the formation of permanent jacket-crowns and tip and corner restorations of Synthetic Porcelain, but many operators also use them for the formation of temporary crowns of cement or gutta percha. A number of other uses will suggest themselves especially in emergencies. Economical stock assortments are supplied in boxes of 10 Forms and in boxes of 100.

IF THEY CAN PAY WHAT THEY OWE, MAKE THEM DO IT

Get what belongs to you, is the substance of an article in a recent issue of "The Link." You will lose nothing of personal or professional respect by doing so. If your fees are fair to all, why let some patients ignore what they owe? Every negligent debtor should at least be obliged to account for his delinquency. When unpaid accounts are carried on the books or charged off without investigation, many debtors who are able to pay will be unjustly relieved of their obligations.

Such laxity in business methods is not fair to your good patients, your profession, your creditors, yourself and your dependents.

Even though you resolve never again to serve the offender, still you are falling short of plain duty if you do not collect what is rightfully yours.

Make a vigorous effort to stop the fee-dodging parasite and teach him some respect for professional services.

SMOOTH AND COMFORTABLE

Please send to me office-samples for distribution and a professional sample of your Denture Cream. This is the only Cream for cleaning the dentures and keeping them free of foreign matter—*Hartford, Conn.*

ECZEMA

My baby has had eczema since she was six weeks old (now 8½ months old) and I have used no less than ten different ointments and have been to specialists, but nothing has proven so helpful as your Mercirex.—*New Rochelle, N. Y.*

SPECIFIC

I use Caulk Cement in my practice and I find it lives up to all of my specifications.—*Chicago, Ill.*

BE EASY, IT WILL HOLD OUT

I use Caulk Cement and will purchase more when I need it. Find it O. K. If it holds out in qualities as it has for me in my twenty-three years of practice, will never want anything better.—*Philadelphia, Pa.*

QUIT LOOKING!

Perhaps you may be interested to know that I have used Twentieth Century Alloy entirely for the past ten years. There may be other alloys on the market just as good, but I haven't found them.

—*Los Angeles*

Mr. R. C. Caulk of Nebraska Discovers His Own Name

INSURANCE Office of REAL ESTATE
R. C. CAULK
Justice of the Peace
ALLEN, NEBRASKA

January 23d, 1924

The L. D. Caulk Co.
Milford, Del.

Gentlemen:

When I was on a trip to South Texas I ran across your Denture Cream and bought a package, somewhere, I do not just recollect the town, but what attracted my attention was my own name.

I brought a tube home with me and found it to be the best preparation I had ever used, and I am enclosing a check for a dollar. I want some more of it.

Yours very truly,

R. C. Caulk

RC:A

HE USED THE ORIGINAL

During the twenty-four years I have practiced I have always "sworn" by Caulk's Cements—began with "Petroid."—*Portland, Ind.*

PERMANENT GUTTA PERCHA

I have bought and used your Diamond Point Stopping and found most satisfactory. Will do so some more. Thank you.—*Buffalo, N. Y.*

TIGHT JOINTS

For quite some years I have been using your cements and find them all that they are claimed to be, being very smooth in working properties and making good solid joints.—*Philadelphia, Pa.*

A REMARK ON POLISH

Will say I was well pleased with the Twentieth Century Alloy in its mixing as well as the pretty polish it receives after insertion. I have used it before, I now remember but I strayed off, but I am now back in the fold. Thanking you for your enlightenment as to the alloy.

—*Hopkinsville, Ky.*

A DENTAL SUPPLY DEALER FINDS OUT ABOUT MERCIREX

You sent on to us several boxes of Mercitan Skin Cream (Mercirex). We gave some to our mechanic, and the writer has used it at home, and it has done all that you told me it would do. We are particularly interested in the results which our mechanic has obtained. He has improved wonderfully. We would like to have you ship us one dozen jars of the Cream and three boxes of the Soap.—*New York City*

A TEXT BOOK OF PROGRESSIVE DENTISTRY

"Let me express a word of praise in regards your publication of the Milford News," writes a New York practitioner. "The research articles and the illustrations are wonderful. I wish you could find a way of publishing the entire series, say the first twenty-five issues, in one-volume form.

"To my mind you have in the Milford News 'A Yearly Textbook of Progressive Dentistry'."

Clean Mixing

ALL dental practice naturally implies tidy methods. The different plastics should not be contaminated by mixing on the same slab. Synthetic Porcelain especially should be neatly mixed on a clean particular surface. The Caulk MIXING SLAB is plate glass, weighs 20 ounces, size 6 x 3 x ¾ inches; edges bevelled; all surfaces polished.



1877-1924

We have been using the L. D. Caulk products ever since the company's inauguration. Have found them perfectly satisfactory.—*Pennsylvania.*

NEIGHBORLY

In answer to your query about using Caulk Cement, I can say, "Yes, for twenty years at least," and can also say it is very much improved in all ways, and good enough to keep on using.—*Delaware.*

CONVINCED BY PROOF

For years I have been a persistent user of Caulk cement and have yet to find one which I consider its superior. In fact I am a staunch supporter of all Caulk's products, using them entirely in my practice.—*Philadelphia, Pa.*

COLOR OF SILVER

Your alloy certainly takes a wonderful polish. Have ordered more from my dealer.—*Lenox, Iowa.*

EXCLUSIVE

Twentieth Century is used exclusively in my practice.—*Ellwood City, Pa.*

ALWAYS

Yes, we have your cement. Caulk's products are always good.—*Chicago, Ill.*

DO THEY SHY AT YOUR HANDWRITING?

How many times a month do you write your name and address on a post card order to your dental supply dealer, your laundry, or what not?

Any stationer in your vicinity can furnish a rubber stamp of four lines at a cost of about \$1.00. The use of such a stamp on cards or notes that do not bear your printed name will assure fewer errors and quicker service.

DISCOVERED!

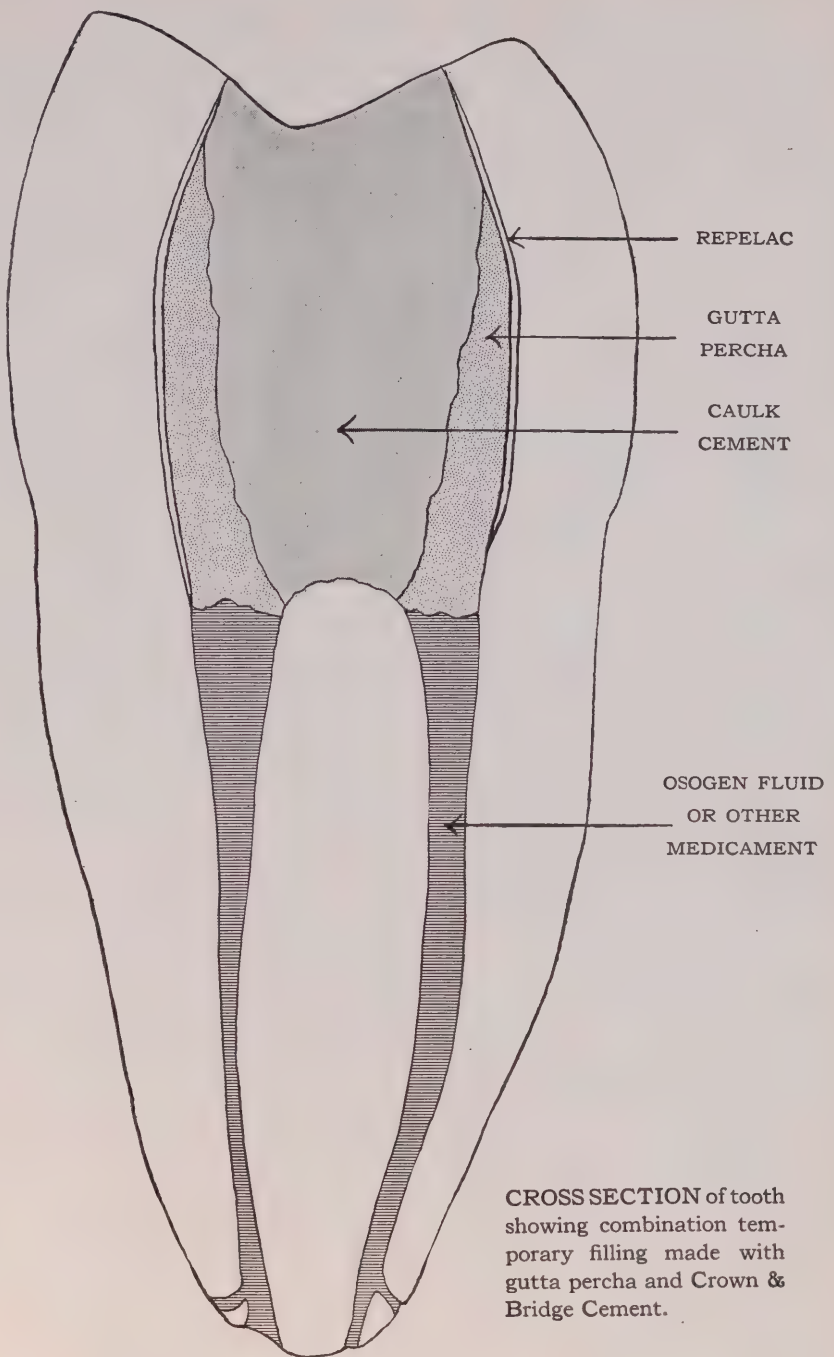
I have given the Diamond Point Stopping a thorough trial, and must say that it is the best thing I have ever used for the purpose.—*Cedarburg, Wis.*

SINCE THE FIRST DAY

I started with Synthetic Porcelain and Twentieth Century Alloy my first day in practice and have had no reason to change.—*Wellington, Kan.*

LOTS OF STELLITE

The Stellite paper knives for Dr. H—— and myself are on the job, as are lots of Stellite instruments. Nos. 3 and 4 double end Plastic Instruments beat the world. We thank you.—*Colorado.*



CROSS SECTION of tooth showing combination temporary filling made with gutta percha and Crown & Bridge Cement.

A Pressure-Proof Temporary Filling

GUTTA percha stopping is not always satisfactory when the patient can bite down hard on the filling and compress it, causing pain.

But a combination of cement and gutta percha can be made into a filling that will stand any chewing stress without causing pain or breaking down. Yet this filling is very easy to remove.

After Osogen Fluid, or other medication, has been placed in the pulp canals, paint the inside of the cavity with Repelac. Warm some Caulk Temporary Stopping, and with a flat amalgam instrument plas-

ter it all around against the cavity walls.

Then make a stiff mix of Caulk Crown & Bridge Cement (*not temporary cement*) and fill the central part of the cavity. The cement rests upon the floor of the pulp chamber and will bear as much masticatory stress as any cement filling, and the cavity will be perfectly sealed against leakage in or out.

To remove the filling, simply warm the cement with hot air, or apply a warm instrument to it.

When the heat softens the gutta percha lift out the cement en masse.

THEY SHOULD BE CLEAN AS A FLEMISH INTERIOR

Your "Denture Cream" I consider to be the successful solution of a problem.

Everyone is more or less acquainted with that peculiar taint in the breath emanating from those who are not as scrupulously clean in their mouths as they might be.

I have been in the practice fifty-five years and have had a large experience in prosthetic work, both in Europe and this country, and have always felt the need of a reliable preparation for cleaning and deodorizing artificial teeth. Many a time I have seen the "suction" and accurate fit of a well made plate utterly spoiled and ruined through the constant use of some home-made cleanser ranging from kitchen sand soap and sapolio to cigar ashes and common salt, used by people who both bodily and orally believe that cleanliness is next to Godliness. It is, therefore, that I hail with much pleasure the requirements of oral hygiene and mechanical cleanliness and whose reliability is guaranteed by the name of "Caulk." I will be glad to advise its use.—*New Orleans, Ala.*

AND HENCEFORTH

At present I am using your "Six-Four" package. Have used your cement four years now.—*Vandalia, Ill.*

THE QUALITY IS THERE TO MAKE USE OF

I think Synthetic Porcelain is the most wonderful filling material of today. When properly manipulated and put in with the tooth forms—well, I think it is wonderful. I have been setting porcelain crowns with it. Cement washes out. Synthetic Porcelain does not. I am enthusiastic about it.

—*Little Rock, Ark.*

DENTURE PATIENTS NEED ADVICE

I recommend Caulk's Denture Cream to all users of artificial dentures without reservation. Your Denture Cream is par excellence and I am always pleased to have samples on hand.

MAKESHIFTS

Nobody ever pleased everybody, but if it were left to me to pass judgment, I would say that I have tried others than de Trey's Synthetic Porcelain and found them to be nothing but makeshifts.

—*Ludington, Mich.*

FROM THE PATIENT

I found as stated by my dentist that Mercitan Lotion is the only lotion that will give relief to my gums.—*Kimberly, Nev.*

ALL THE TIME

I am using your Crown & Bridge Cement continually in my practice.

—*Boston, Mass.*

REHEARSING

A prominent dentist of these parts had some trouble with a worrisome patient a few days ago and ever since then he has been thinking up things he ought to have told him.

MORE CONVENIENT

Have been using base plate gutta percha for many years, cutting it into small squares. Your Diamond Point Stopping is more convenient.—*Seattle, Wash.*



FISHERMEN TAKE NOTICE

In a letter published by "Outdoor Life" a Maryland sportsman tells the editor about Caulk Repelac ("Cavity Lining") as a non-discoloring varnish for winding silk; and he also mentions Caulk Sticky Wax for fly tying. He says it never gets soft even in the hottest weather.

EVERYBODY STEP!

Hurry the baby as fast as you can,
Hurry him, worry him, make him a man.
Off with his baby clothes, get him in pants,
Feed him on brain foods and make him advance.

Hustle him, soon as he's able to walk,
Into a grammar school; cram him with talk.
Fill his poor head full of figures and facts,
Keep on a-jamming them in till it cracks.

Once boys grew up at a rational rate,
Now we develop a man while you wait.
Rush him through college, compel him to grab
Of every known subject, a dip and a dab.

Get him in business and after the cash,
All by the time he can grow a mustache.
Let him forget he was ever a boy,
Make gold his god and its jingle his joy.
Keep him a hustling and clear out of breath,
Until he wins—nervous prostration and death.

HALF-BREEDS

A painstaking practitioner of rural Manhattan is reported to have found in his closet a bottle of liquid belonging to one of the silicates, and he also located some powder of a different make; so he set them both out for immediate use, because he is too careful a man to let anything be wasted.

TESTED

I have never found a better cement than Caulk's Crown and Bridge. I have tried others, but none have replaced Caulk's.

—*Portland, Ore.*

SATISFYING QUALITIES

Fillings from the alloy you mailed me have so far proven very satisfactory. The alloy works very nicely both in mixing and in the cavity.—*Toledo, Ohio.*

INGENIOUS REPAIR OF AN EYE WITH SYNTHETIC PORCELAIN

"A friend of mine who is so unfortunate as to have lost an eye," writes Dr. R. E. Macdonald of Toronto, "came to me for aid. He had broken his glass substitute. A piece as large as an orange pip was gone, and of course he could not wear it on account of the laceration of tissues which would result.

"These articles are not globular, as might be supposed, but like a quarter-moon in section, and hollow, made apparently of thin glass.

"The user wanted the artificial eye made serviceable until he could procure another, a matter, probably, of over a week, during which it would be extremely embarrassing to go without any.

"To repair it, I used Synthetic Porcelain shade 7, a perfect match in color for the broken part. Finished down with fine cuttle disks the repair was invisible except on close examination. My friend was astonished and delighted with the appearance and comfort of the restoration.

"If the foregoing is of any use to you, you may use it as you please."

"Referring again to this case," Dr. Macdonald writes later, "although it was attempted only as a temporary expedient to allow the owner of the eye to 'get by' until he was able to procure another, up until the last time I saw him—not very long ago—he was so satisfied with the restoration that he had taken no steps toward procuring another eye. Really I never anticipated that I would be able to make as good-looking a restoration as it turned out to be. The owner's first ejaculation was one of astonishment, and I had quite a thrill of pleasure at his satisfaction. Looking at the eye casually in one's hand one would never suspect that a repair had ever been made. My idea in writing about this case is not that this use would increase the sale of Synthetic Porcelain, but I thought it might be interesting to you, because it is so unusual."

HELPFUL SUGGESTIONS

I received your trial package of Diamond Point Stopping and found the material to be very good and the suggestion indeed helpful. I have purchased a package and will not be without it.—*Oakland, Cal.*

POSITIVE

Excellent results from trial package of Twentieth Century Alloy. Ordered an ounce from the St. Louis Dental Mfg. Co., and now use it exclusively.

—*Prairie du Rocher, Ill.*

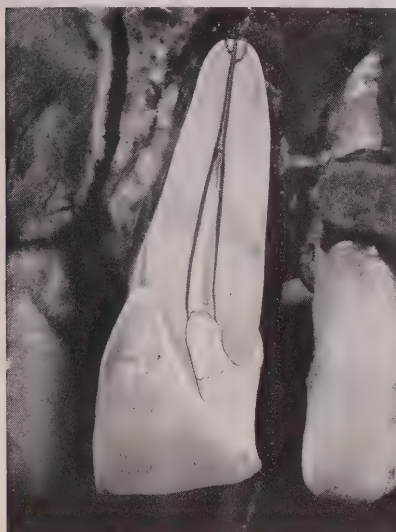
AS USUAL

I am using your C. & B. & Gold Inlay Cement and, as usual, am highly pleased with Caulk's Products. This is not a new item in my cabinet. I always keep a supply on hand.—*Chicago, Ill.*

A Dentist Writes His Opinions on the Need for New Methods

ONE of the many dentists to whom the Osogen method was privately submitted before its general introduction, thus expresses his views on the question of treatment versus extraction:

"The attention given of late years to the increasing number of diseases that can be



STEP 3—Treatment for preliminary sterilization. Osogen Fluid sealed in at first visit

traced to infectious causes has brought into special prominence the pulpless tooth as being in a high percentage of cases the harbor of the guilty focus.

"The battle of conflicting claims, opinions and accusations that followed the advance of this theory is commonly known to all medical and dental practitioners.

"But rising above the din of the theoretical conflict, clear, unconfused, and standing forth in simple words, is the practical question put by the physicians to the dentists, 'Can you prevent the pulpless tooth from becoming a source of systemic infection?' The issue is fairly joined, and squarely put up to the dentist.

"Whereupon the battle begins along another line, among the dentists.

"All dental readers are familiar with the contrary teaching of the two schools. Advocates of the one, take the short and certain route. They relieve the body of the tooth or teeth that might at some distant date become possible infection centres—and incidentally leave the patient deprived of some valuable teeth which probably had as many chances in their favor as against it.

"The other school takes the long route, involving all the uncertainties and possibilities of failure that the first avoids.

"With the conviction that it is just as feasible to clear up an infected area around a pulpless tooth, and as logical to do so, as to clear up an infection in any other part

ONE WORD

That Spells Progress in Dentistry

A DENTIST who recently visited the Research Institute at Milford writes after his return home, "Abscessed teeth are being saved for the first time in the history of this office".

OSOGENIZE

Begin to utilize Nature's own force of osmotic pressure to sterilize the dentin and periapical tissues, by means of Osogen Fluid, a neutral, non-destructive, strongly hypertonic solution containing the most powerful inorganic germicide known to science.

OSOGENIZE

Give natural stimulus to the healing process in the periapical region by the hitherto unlooked for property of alkalizing the infected areas which is accomplished by the use of Osogen.

OSOGENIZE

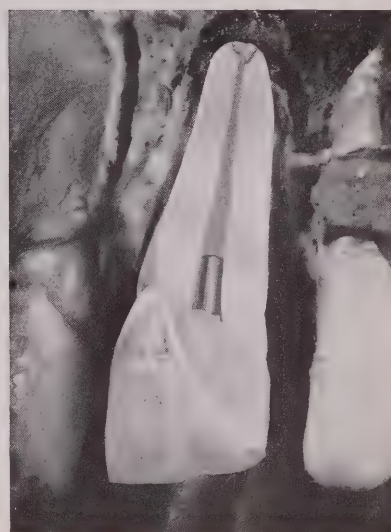
Obliterate the canals of pulpless teeth by filling with the new cementitious compound which does not contain any volatile solvents such as chloroform, etc., does not contract like chloro-percha, chloro-resin or medicated pastes but sets by a definite chemical reaction—not a drying out—expands slightly, thus locking itself into the canal and passes from the plastic state to a bone-like solidity.

OSOGENIZE

Study this remarkable development in the management of pulpless and putrescent cases and begin to give your patients the benefit. The volume giving the complete text may be obtained through your dental supply dealer. Price, \$2.50 per copy.

of the body, this school seeks to apply the same principles of healing that are used in other parts, modified only as required by the structures and their location.

"This undertaking is by no means a simple one, but the dentist following this method of practice has the backing of his conscience in that he gives every tooth as fair a chance as could be asked and saves the majority of his patients from a state of unnecessary toothlessness, the meaning of which can be appreciated (always too late)



STEP 7—Canal permanently filled with plastic Osogen. This can usually be done at the second appointment

only by those who have arrived at that stage.

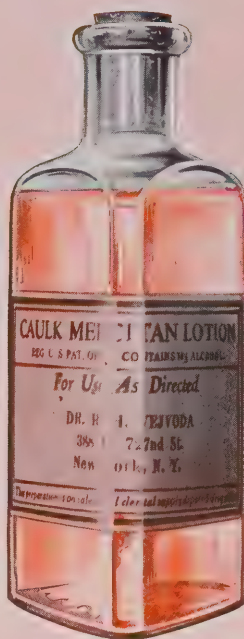
"We remove an appendix or the tonsils on the first sign of serious developments because we know that the system as a whole functions as well, if not better, without as with them. Artificial substitutes are never dreamed of. But we amputate a limb only after having given it the benefit of every endeavor to save it.

"We know that a tooth also is an extremely valuable part, not only as a single member in the dental arch, but because each tooth has a particular function both in itself and in relation with its approximating members. When a tooth is lost, the indication, for very nearly all cases, is to make some artificial restoration. And those of us who engage in supplying these substitutes know how poor, at best, they are in comparison to the natural teeth. The tooth too often is classed with the appendix instead of with the limbs.

"Why should we not fight just as hard to save a pulpless tooth as to save a limb, providing that in so doing (a matter of judgment in the particular case) the general system will not be endangered? Why should we consider a pulpless tooth subject to laws different from those governing in other parts of the body? The laws of physics, chemistry, pathology and therapeutics must hold for the teeth and the apical tissues just as surely as for any other part."



If Mercitan Lotion appeals to you as something that your patients should have the benefit of, and if you want to make it easy for them to get when required, just give us the name of your neighborhood druggist with permission to tell him your intention of prescribing this preparation. Then we can arrange with him to have the necessary stock always on hand.



The one Mouth Wash that really meets the needs of modern dentistry

THE dentist has many lotions and mouth washes at his disposal. But Mercitan is one lotion that he can always rely on to do the entire work expected of it. That is because a new principle is employed and fifteen different ingredients are combined to produce a really effective mouth wash. Mercitan Lotion positively does kill germs, gives tone to the mouth tissues and assists in maintaining a hygienic condition in the mouth. And it is entirely free from every harmful substance condemned by modern dentistry.

Laboratory tests show that Mercitan Lotion is a most powerful sterilizing agent. Yet even when used full strength for massage, patients do not experience the slightest irritation. The stimulation it gives is healthful but mild.

Recommend Mercitan Lotion to your patients, "for carrying on" at home between treatments. They will actually enjoy it. In addition to its healing properties, Mercitan Lotion has a deodorizing fragrance and a delightful taste.

For a limited time, we are making two special offers on Mercitan Lotion, which dentists will appreciate.

SPECIAL OFFER No. 1

One dozen eight-ounce bottles Mercitan Lotion \$9.00
Fifty trial size bottles at special rate 6c each (less than cost) 3.00
Fifty special labels with the dentist's name and address, no extra charge. \$12.00

SPECIAL OFFER No. 2

One gallon bottle Mercitan Lotion \$12.00
Fifty trial size bottles at special rate 6c each (less than cost) 3.00
Fifty special labels with the dentist's personal name and address, no extra charge. \$15.00



Recommend this to your denture patients

Tough mucin-films and germ-plaques disappear with the utmost ease when artificial dentures are cleaned with Caulk's Denture Cream. You will find this the one commendable specific. It is quick acting and harmless and keeps the mouth fresh, odorless and sanitary. Let us send specimen copies of "Comfortable Dentures" a booklet that will be helpful and interesting to denture patients, with an interesting proposition.

The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO

Neighborhood Letters—Are They Taboo?

THIS EDITION 75,000 COPIES

CANADIAN EDITION

MILFORD NEWS

NUMBER

32

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U. S. A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

MAY, 1924

Jazzing a Chart

See Page 9



How I Built My Practice—
An Interview Reported by
JULIA KIRKWOOD

© PHOTO BY ANNE SHRIBER

*Also in This Issue: The First Chart of a Series Showing What
Can Be Done For The Oral Machine*

THE DEAD-CENTRES

OF WORTHLESS WISDOM

From "Pedagogue: Old Style"

By James M. Cain, in "The American Mercury"

You will argue at length, about it and about. Then, *Presto!* Three chords from the full brass choir and the argument is over. He discovers that you both have essentially the same point in mind, but have approached it from different angles. If you grant him his attitude (you nod gracefully), his view of the question is precisely the same as your own, and you are back where you started.

You inhale deeply, blow a cobwebby sensation from your nose and cheeks, and pray that you may meet some ribald lout who will hie with you to the bootlegger's and tell you in plain language, without syllogisms, that you are full of fleas... A buzz of talk, and a recurring *Leitmotif*, sounding over and over in many keys: "On the other hand, I very often feel"

"In thinking the matter over, though, I can see" "It has been my experience, however." "well, of course, I suppose I shall have to concede you that." "But hasn't it been your observation." . . . "I believe, however, in a case of that kind." . . . "But I often tell myself, looking at it from that point of view." . . . "But do you feel, considering it from that angle." . . . "But you must remember." . . . "Well, I confess I have often wondered whether." . . .

The very quintessential distillate of wisdom: the judicial review! The delicate balancing of one side against the other side! That delicious, teetering moment before it becomes apparent that both sides (in the last analysis) are right!

But a *quoi bon?*—all this wisdom that always hangs on dead centres, this profundity that never adds to the sum of human knowledge, this culture that never produces anything? Has wisdom of any heft ever stopped at the balancing point? Can there be real profundity that adds nothing to knowledge, but only defines and classifies what other men have thought? Is there such a thing as pure, non-productive culture? I doubt it.

DEEP-SEA DERMATOLOGY

Speaking of fish, the curator of the Philadelphia Aquarium is credited with being interested in Caulk's Mercirex because one of his pets shows signs of eczema—though only on a small scale.

THIS PATIENT TELEGRAPHED

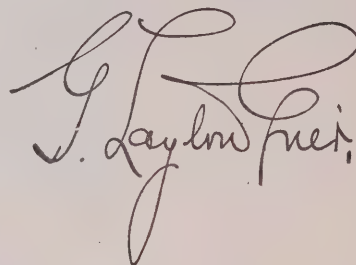
One of my patients recently while traveling in West Virginia was unable to secure Mercitan Lotion and telegraphed me to send him two large bottles immediately.—*Chattanooga, Tenn.*

The Mental Sanitation of New Ideas and New Methods

I USED to know an old fellow who said that there are two ways to cure the worrying-blues. One way is to drive out the worry idea by thinking of a new idea—think up something you would like to do, and day-dream awhile about doing it.

We humans all enjoy sitting around and making plans while we smoke our good cigars. But in doing so we forget that the easy-chair-and-smoke method does not actually accomplish much. There is no royal road to ease except the long, hard and narrow path called Work.

Work—new work, a different way of working, working with a new purpose—that is the other cure for the worrying blues.



Dentistry is in the class of the made-to-measure article, not the ready-made. Patients should be gently but firmly and persistently educated to understand the difference.

DOES THIS OLD SHOE STILL FIT?

By John C. Roberts

MUCH of the jabberwocky that gets into circulation anent pyorrhea, pulp canal therapy and other matters of non-essential specificity, calls to mind Robert Boyle's indictment of his contemporaries written in *The Sceptical Chymist*, first published in 1661. We might almost imagine that the famous old scientist had been reading current dental literature, both the text and the advertisements.

"The intolerable ambiguity they allow themselves in their writings and expressions," Boyle declares, "makes it necessary for me . . . to complain of the unreasonable liberty they give themselves of playing with names at pleasure. . . . I cannot but take notice, that the descriptions they give us of that principle or ingredient of mixt bodies, are so intricate, that even those that have endeavored to polish and illustrate the notions of the chymists, are fain to confess that they know not what to make of it either by ingenuous acknowledgments, or descriptions that are not

intelligible. . . . Chymists write thus darkly, not because they think their notions too precious to be explained, but because they fear that if they were explained, men would discern, that they are far from being precious. And, indeed, I fear that the chief reason why chymists have written so obscurely of their three principles, may be, that not having clear and distinct notions of them themselves, they cannot write otherwise than confusedly of what they but confusedly apprehend; not to say that divers of them, being conscious of the invalidity of their doctrine, might well enough discern that they could scarce keep themselves from being confuted, but by keeping themselves from being clearly understood. . . . If judicious men skilled in chymical affairs shall agree to write clearly and plainly of them, and thereby keep men from being stunned, as it were, or imposed upon by dark and empty words; 'tis to be hoped that these men finding that they can no longer write impertinently and absurdly, without being laughed at for doing so, will be reduced either to write nothing, or books that may teach us something, and not rob men, as formerly, of invaluable time; and so ceasing to trouble the world with riddles or impertinencies, we shall either by their books receive an advantage, or by their silence escape an inconvenience."



How I Built My Practice

An Interview With Dr. L_____

By JULIA KIRKWOOD



MY dental college turned me out professionally naked, except for the diploma which clothed me with enough authority to ask for a license to practice. I was supposed to know *how* to practice and *what* to practice, and I had vague ideas of my own about *why* I was going to practice, but no one had told me *where*, or *when* I could practice, or whom I might find willing to let me practice on them.

One year later I was the busiest man in the town of three thousand, and my income was \$4500.00 per year. That was twenty years ago. Four other dentists practiced in the same town. Two were of more than local eminence and reputation. They all watched my progress, but gave neither hindrance nor encouragement.

My office was on the ground floor of a main street business building. The front window was large. Quite a small glass sign, bearing my name, hung by a chain from a nail in the window casing. One day, not many months after I started practice, the colored janitor knocked the sign down. It smashed and I never replaced it. Since that time I have not offered any help to visitors, except that three-by-five black sign

fastened to the door in the hall. You will notice that it does not even mention my profession, nothing but my name.

The practice-building started with my first patient, but I can not claim any wonderfully planned system. All I had was an enthusiasm about my job, which prompted me to ask, perhaps in youthful excitement, "While I work, Mrs. Primus, would you like me to tell you something about dentistry?"

If I had been ten years older—if I had not so recently come from the atmosphere of dental study—perhaps I would have discarded the thought before I asked the question, telling myself that my job was to work, not to preach. I am sure that none of the other dentists in town ever addressed to their patients anything but the usual

amenities or personalities according to their degree of acquaintance.

But I was just young enough to believe that my work was very important and therefore very interesting. My first patient, fortunately for me, thought so too. She was the mother of three children, and my first remark caught her attention in a vital spot. "If some one had taught you to take better care of your teeth when you were younger," I said, "what I have to do now would not be necessary."

That chance remark struck home and she listened while I told her the rest of my story and worked at the same time. Afterward she thanked me, and told me how interesting I had been.

That venture gave me my cue.

I told the story of dentistry, or portions of it, whenever and wherever I had a reasonable opportunity. I let others talk the scandal, the politics, the horse-racing and the weather. I talked dentistry. The whole town got to know it. Some laughed, but all became interested. The sewing circle discussed the wonders of prenatal feeding. Any chance reference to a tooth or a toothache, either on a parlor sofa or a

grocery store cracker-box, was enough to recall some of the story of dentistry as I told it.

After awhile I was invited to address the Women's Club, then the School Teachers, the Ladies' Aid, and the Bicycle Club. I told my story of dentistry everywhere, not only by grace of my own sticktoitiveness, but by invitation at all kinds of gatherings, from the Bible Class to the Testimonial Dinner for Visiting Firemen. And through it all I said nothing very original, nothing that any dentist does not know.

If you are going to write this up for dentists, I shall not need to recall all the details I put into my story.

Any dentist can tell about prenatal feeding, lime and phosphorus in the child's diet, temporary teeth, the six year molar, the twelve year molar, how teeth form and grow, the function of the root, the purpose of the cusps, the shaping of the arch, malocclusion, tartar, how decay starts. The story goes on through nutrition and teeth; teeth and good looks; crooked teeth and pyorrhea; tartar and pyorrhea; missing teeth and pyorrhea, the meaning of orthodontia, the different kinds of restorative work, the gum-boil and rheumatism; the state of the teeth and the shape of the face; digestion and teeth, speech and teeth; school reports and teeth; insurance examinations and teeth. Trace the vicious circle around bad food, bad teeth, indigestion, headache, and the search for relief in the drug store instead of the dentist's office. It tells about the great life-asset of good health. Sickness is a liability more burdensome than a heavy debt. Health is the one most important thing in life. And good teeth—twenty-eight good, clean, healthy, natural teeth (or substitutes) and good sound gums are one of the foundations of a healthy body. I used to tell them that any durn fool knows enough to go to the dentist *after* the aching starts. But the wise one goes *before* it starts.

Times have changed since I began to tell my story of dentistry. Our profession now is rapidly coming to the front in public interest. The story is not so hard to tell today as it was when I started, and there are lots of interesting details that I did not know anything about at that time.

A dentist need not be an orator in order to tell his story of dentistry. Telling it privately to individuals in the office will soon bring enough confidence for easy speaking in public, if that develops. The public part is not at all necessary, though it becomes a plain duty when the demand for it is made. A humanitarian profession, which dentistry is, implies human contacts. A dentist need not run for the Mayor's office or become a chronic joiner, but on the other hand he should not let himself drift into a private backwater where he will stagnate. I do not mean either that we need to break down the old

Charting a New View of Dental Practice

By E. Melville Quinby, M.R.C.S., L.R.C.F., D.M.P., Boston, Mass.

TO any conscientious reader of dental literature the fact must be evident that confusion exists in the study of dental problems. A total stranger attempting to learn the facts about dentistry would encounter many contradicting ideas; that every non-vital tooth is a menace to health and must be removed; that nearly all non-vital teeth can be successfully treated and saved; that the pulp-canals must be reamed and cauterized and every vestige of pulp removed; and that the apical third must remain untouched by instruments. He would read that certain types of bacteria have a selective affinity for certain organs of the animal body; that there is no such thing as selective affinity; and that the fundamental cause of disease is defective nutrition.

Again in looking over the literature past and present, our hypothetical stranger would find that for many years the oral cavity was looked upon as an entity in itself, having no pathological connection with the rest of the body; and that, also, with just as much reason, the mouth is held responsible for most of the ills that flesh is heir to.

Is it necessary to proceed through all these instances of the foggy condition of the dental atmosphere?

Finding fault is the simplest matter in the world. Suggesting a remedy is not so simple. But the fault is useful as a stepping stone to correction, providing a reformation is determined upon. "A reformation implies repentance," Chesterton remarks, "and a repentance entails a search for first principles, or, in other words, actions founded on basic laws."

My object is to try and present for con-

sideration a plan for regarding the oral problem from a somewhat new angle.

We have hitherto focussed chiefly on dental problems from the posterior aspect, involving a vast amount of repair work and removal. In all this we seem to have lost our sense of perspective. Why not tackle the *anterior* factors of disease?

Such a change entails a considerable change of tactics, but on this point we may profitably read E. T. Swift's "Painless Thinking": "What people call their principles are often their pretexts for acting in the obviously *convenient* way, and the convenient way leads around obstacles rather than through them."

The etiology of dental lesions is decidedly mixed. Yet there is a general tendency to be satisfied in the diagnosis with one factor alone. Hence, in the treatment of many cases failure is the result.

The charts that I have compiled are primarily intended to act as helps to *inclusive* diagnosis, based on the essential factors for efficiency in *any* machine. In making his diagnoses the operator should never be satisfied until these three fundamentals are thoroughly studied:

1. Building Up, or Nutrition.
2. Fitting, or Occlusion.
3. Cleaning, or Oral Hygiene.

All three are sometimes involved with the primary or exciting factors in disease.

Chart 1. Outlines the General Scheme.

Chart 2. Elaborates the Building.

Chart 3. Elaborates the Fitting.

Chart 4. Elaborates the Cleaning.

The first chart of the series is published herewith. The other three will follow in successive issues of Milford News.

professional ethics and blossom out in advertising. The dental degree and the honorary title, Doctor, is all the advertising a live man needs. Every time anyone addresses me as "Doctor" my profession is advertised enough for me.

More and more dentists every day are telling the story of dentistry. Look in the newspapers. Here is a clipping from The Washington Union of Walla Walla. "Mothers Hear Talk On Teeth," says the headline. "Dr. W. G. Hughes gave a talk on the care of children's teeth to an audience of nearly a hundred mothers who assembled at the A. M. Jansen store

yesterday afternoon for the fifth meeting of the Mothers and Babies Health School."

In one day's newspaper I see a talk by Dr. Royal Copeland, "Beware of Toothache and Dangers of Abscess." Another by Dr. T. P. Hyatt who says that the public is only vaguely aware of the many disorders traceable to bad teeth. Still another by Dr. Guy Millberry which points out that at a recent show in California the most healthy child was awarded \$5.00, while the best hog won \$100. On the same day another newspaper comments on "The novelty of giving \$100.00 for the child

(Continued on Page 10)

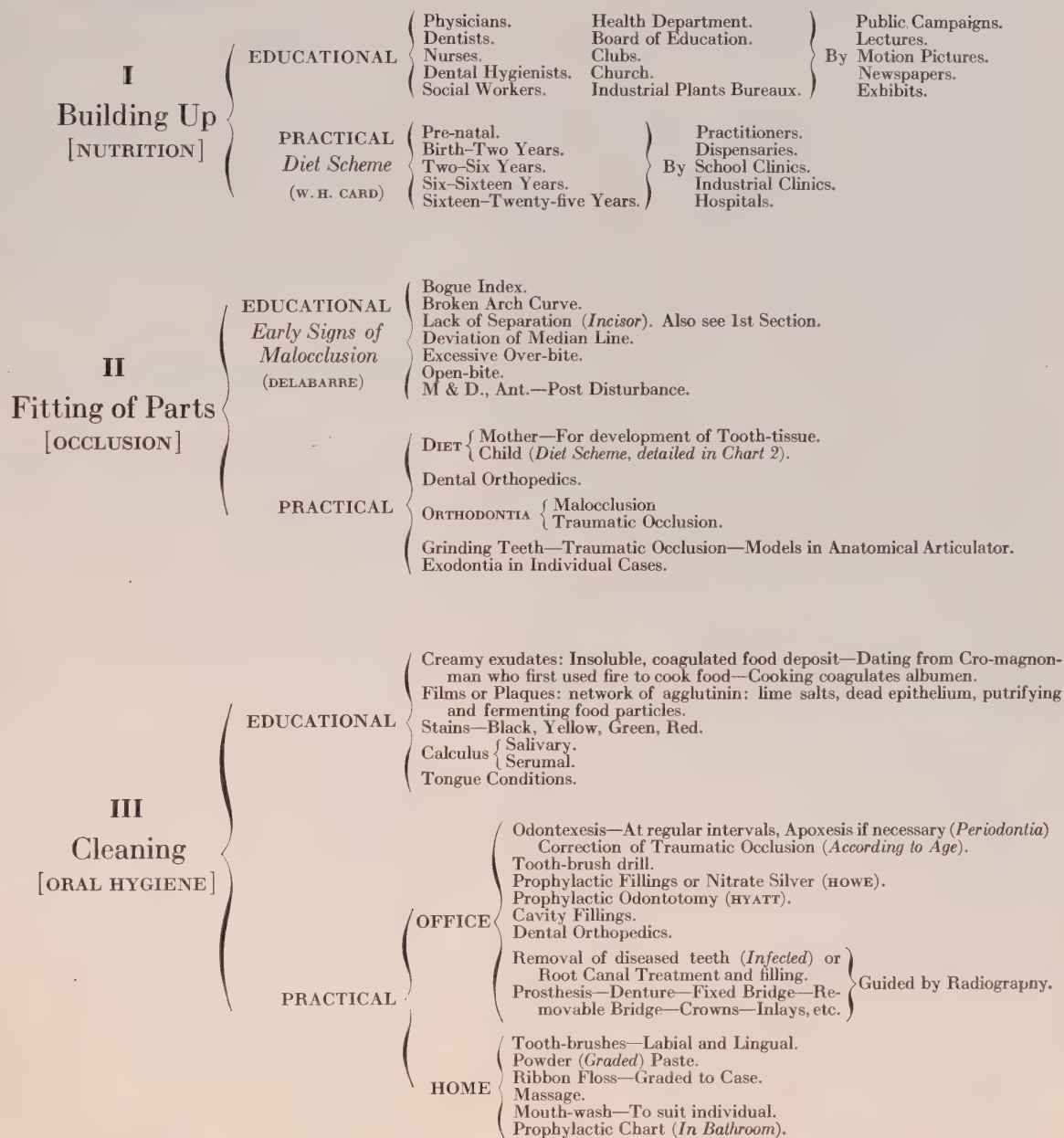
What Can Be Done for the Oral Machine?

CHART No. 1—BY E. MELVILLE QUINBY, M.R.C.S., L.R.C.P., D.M.D., BOSTON, MASS.

Requirements of Any Machine

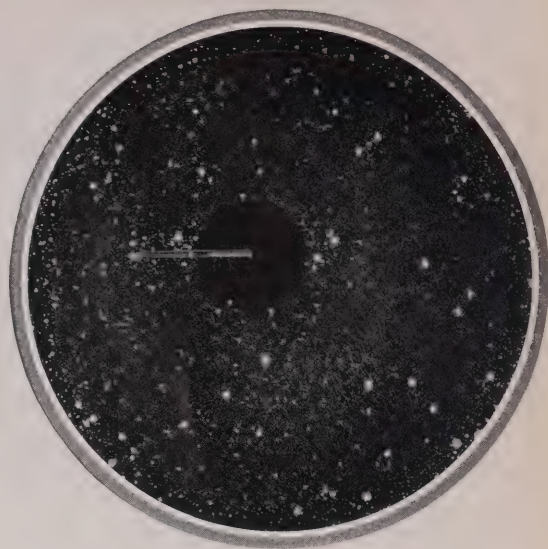
BUILDING UP
FITTING OF PARTS
CLEANING

A PLAN OF PROCEDURE





INTERNAL DIAMETER OF TUBE 0.19 MILLIMETERS. RADIUS OF STERILE ZONE 4.5 MILLIMETERS.



DIAMETER OF OSOGEN EXPOSED AT OPEN END OF TUBE 0.37 MILLIMETERS. RADIUS OF STERILE ZONE 9.0 MILLIMETERS.

Your book on Osogen was received and very carefully read several times. I was impressed very much with the explicit way in which every detail is brought out in each step in the technique of Osogenation. It seemed to me to be by far the most reasonable root-canal therapy that has been presented to the Dental profession in my sixteen years of study and practice. On February 20th I filled my first canal with Osogen and immediately discarded all other methods. I have used it in all kinds and classes of acute and chronic alveolar abscesses as well as normal cases after the removal of pulps under conduction or pressure anaesthesia. Have also used it with success in putrescent deciduous teeth. And furthermore, I have had two non-vital teeth in my own mouth opened up, treated and refilled with Osogen and they now feel more comfortable than they have for several years. I think your theory of periapical sterilization by osmotic diffusion is absolutely correct and I know, by experience, that it will work. I have always felt that the many other methods, a number of which I have tried, are only a snare and a delusion. In other words I have always filled the canals with a prayer—for luck. It seems to me that the alkalization of the infected area is a very reasonable and necessary step in the treatment of alveolar abscesses and is conclusively proven in your book. In short I believe that Osogen meets every reasonable and practical requirement one could expect of any method or material. I have used it in about twenty cases and so far as I know every case has been successful excepting one. The failure in this instance was due to a rather extensive alveolar necrosis which showed up after extraction. Osogen or any other method will never be a success in the hands of a great many dentists for the simple reason that they will positively not carry out in detail your prescribed technique which I consider almost as valuable as your instruments and materials. I know several successful dentists, for instance, who boast that they have not had any rubber dam in their offices for months. A lot of men will work on the theory that if Osogen is so very destructive of bacteria, why should a little saliva mixed with the root-canal filling make any difference. However, I firmly believe that Osogen will finally be accepted by the profession at large as the one and only treatment for all non-vital teeth, because I believe it merits that success and because your organization has the stuff it takes to put it over.—*Oklahoma.*

Actual conditions in the mouth were duplicated as nearly as possible by using a glass tube containing a piece of infected body tissue. The tube was inoculated with saliva and allowed to harden. Then the tubes were planted in the inoculated agar. The sterile zone produced about the open end of each tube proved to be approximately the same as that produced by the tube inside of it. Duplicate results were obtained with extracted teeth.

AND TREATMENT OF PUTRESCENT PULP CANALS AND PERIAPICAL ABSCESSES.

What the Other Man W

I received your book on pulp canal treatment which I read and studied very carefully, in fact used several evenings in studying your outline. Osogen is an ideal root canal filler. I have been able to fill canals better than ever before. From this standpoint alone Osogen is worth using.—*Ohio.*

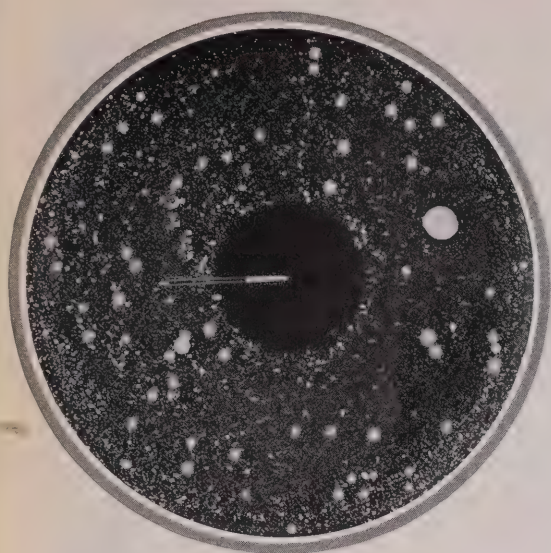
* * *

It has been my privilege to have had about two years' experience with Osogen and I am very much pleased with its use in every respect. While I may not have had experience enough with different materials to make comparison, I feel Osogen has been the most satisfactory material I have used.—*Pennsylvania.*

* * *

Thus far I have had excellent results and am now filling root canals and saving teeth which I would otherwise have extracted as I had about lost faith in former methods of treating teeth with "dead" pulps and infected apical areas. I believe diffusion by osmosis beats ionization all to pieces from a therapeutic standpoint and you also avoid the electric current which is quite a night-mare to some patients. I find the root canal filling paste goes right home and stays there with proper manipulation which I cannot say of any other material I have used. I have checked up all root canals I have filled thus far with Osogen by the radiograph, that tells the tale. So far I have had no soreness following the fillings and will check them again in six months to satisfy myself. I have not used Osogen long enough to be an authority, but I believe you have found a remedy which will lift a great burden from the hearts and minds of all intelligent dentists who will use it as directed.

—*Wisconsin.*



INTERNAL DIAMETER OF TUBE 0.67 MILLIMETERS. RADIUS OF STERILE ZONE 12.0 MILLIMETERS.



AN EXTRACTED TOOTH. CANAL OSOGENIZED. STERILE ZONE PRODUCED ABOUT APEX CONFIRMS TESTS MADE WITH GLASS CANALS.

Five glass tubes of different sizes represented pulp-canals. Agar incubator acted as body heat. The bacteria under these conditions were filled with plastic Osogen. One end was left open. The filling was in jelly. After incubating forty-eight hours the radius of the sterile zone was twenty-two times greater than the diameter of the Osogen filling. Their canals had been osogenized. FROM "MANAGEMENT OF INFECTED TEETH."

Writes about Osogenation

I received the book on the Osogen method, and read it carefully. Then when my Osogen and instruments came in I tried it on eight abscessed cases and up until now have one hundred per cent in satisfied patients and one satisfied dentist. It's all you claim of it and then some.

—South Carolina.

* * *

I have used Osogen in five cases only to date—two of which I have filled at second sitting. None, however, required more than one treatment. I have saved four cases from immediate extraction. I should like to explain these cases in detail, but you have undoubtedly seen and heard of thousands similar. Suffice to say it is "doing the trick" for me by putting root canal and putrescent cases on a paying basis and saving teeth. It is practical, economical, safe and the only treatment I would use at present.—Michigan.

* * *

Your book on the "Treatment of Root Canals" has been and still is being carefully read. I think you will find that among thinking dentists who have had experience in treating canals, and the attending evils resulting from putrescent teeth, that your book will be appreciated. Your instruments alone fill a long felt need on the part of the dentist and I approve of them heartily. Already I have heard of men who have had splendid results from your method, and you have made no mistake in your outlay unless dentists will not make a study of your book and either condemn or approve. The other class is not worth considering.—Boston.

I studied your book very carefully before using any of the materials. I have at present only used Osogen on four cases. But they were cases where I would have used the forceps if I had not had Osogen. The first was a lower second bicuspid so loose it almost seemed as if I could extract it with my fingers. I was very doubtful if Osogen would cure this abscess but much to my surprise I got the tooth ready to fill in three treatments. I saw the case two weeks after final filling and the tooth was quite firm already.—Minnesota.

* * *

I received the book, also have started to use Osogen. I studied the manner of using it for some days before doing so. My first case was a long standing infection, say eight months. Teeth sore and upon opening, conditions became acute, face swelled and a heavy discharge of pus. After acute infection had subsided I used Osogen and results were more than I expected. After the second treatment teeth were ready to fill. It seemed to me your theories are correct still I am only a pumpkin husk, but in twenty-six years practice a fool ought to learn something. Have not had enough experience to say just what Osogen will do, but if it gives me results in the future as good as the past, Dentistry will be much easier than it was before.—Wisconsin.

* * *

I received your book on Osogenation, for which I am very grateful, have read it from cover to cover, have purchased an outfit and have had several occasions to use it. I am very enthusiastic about it. I will frankly state, that up to the receipt of the book I was at a loss as to just what procedure to follow out in pulp-canal treatment. Now I can rest peacefully and feel I am doing just the best possible for my patients.—Connecticut.

* * *

It affords me pleasure in stating that Osogen does all you claim for it. I have treated six cases of abscess since receiving my Osogen outfit and have them under observation to satisfy myself, but have not one complaint as to soreness from any of the cases. Personally I feel that Osogen is the thing we have wanted for a long time.—Louisiana.

DENTAL SUPPLY MAN HONORED BY DENTISTS IN TESTIMONIAL DINNER, THE ONLY AFFAIR OF ITS KIND IN PROFESSIONAL HISTORY

Appreciation for thirty-three years of faithful, intelligent and constructive business co-operation and friendship, was expressed by a group of dentists who gave a testimonial dinner, and a gold watch, to William F. Cook of the Osmun-Cook Dental Supply Company of Newark, N. J., on April 26th, at the Elks' Auditorium, under the auspices of the Deciduous Bicuspoid Club.

The dinner was attended by more than

powder is too wasteful!" Of course his work was not radiopaque and the inflammation was very pronounced. Wonder what his patients would have to say if they could know the facts? These are exceptional cases however. Most men are having great success and find their work with Osogen very interesting."

Name and Address-Please

¶ Seventy-five thousand John Henry's and their local habitations are followed every month by the 'steen thousand postmen that deliver MILFORD NEWS.

¶ Five young ladies are required to make the ordinary changes of address that we learn about from day to day.

¶ Just now we are doing a grand, special check-up of the entire mailing list.

¶ Your name and address were they correct on this issue?

¶ Do you receive more than one copy?

¶ Any information you can give will be appreciated.

¶ The card enclosed with this issue will carry your message.

The L. D. CAULK CO.
OF CANADA, LIMITED
TORONTO

FROM CALIFORNIA

"Have quit using another alloy after using it for twenty-five years, and am using Twentieth Century entirely."

FROM WISCONSIN

"In my hands the L. D. C. products have been as they were represented to be. I believe the L. D. C. Co's integrity is one hundred per cent. right. My own technique gives me more concern as to its being one hundred per cent. than do the L. D. C. products."

FROM TEXAS

"I have been a constant user of Twentieth Century Alloy for fifteen years, and will continue its use so long as you keep it up to its present standards."

PURE AS A DAISY

NO secret about what is on the inside of a clear glass bottle. It takes the pottery jugs to have inside privacy. Why is the "drug store" kind of mercury always sold in thick jugs? That kind is not for dentistry!

If any work in the world needs cleanliness, it is dentistry. Even in the materials a dentist uses, purity seems to be almost as much a necessity as asepsis in surgery.

When we follow up the scientific reasons to find out why one dental material is better than another for the same purpose, in practically every instance one of the



fundamentals is discovered to be *greater purity*,—less contamination with substances that do not belong, and have no business to be where we sometimes find them.

For many years no one bothered to be particular about the mercury used for amalgam work. Hair-splitting arguments permeated the profession on the subject of microscopic differences in *alloys*. But any old mercury was good enough.

Nowadays we have found out that the making of a real restoration requires alloy as pure as the thoughts that thrill a saint with the obvious concomitant that the mercury must be equally immaculate. No sense in putting dirty mercury with clean alloy.

FROM ILLINOIS

"I have to thank you very much for the interesting literature you sent me on your Synthetic Porcelain and your C. & B. Cement. I am now making extensive use of Synthetic Porcelain in my practice, and when I will get through with some other material that I have in stock now, then Caulk's Synthetic Porcelain will be the only one you will find in my cabinet."



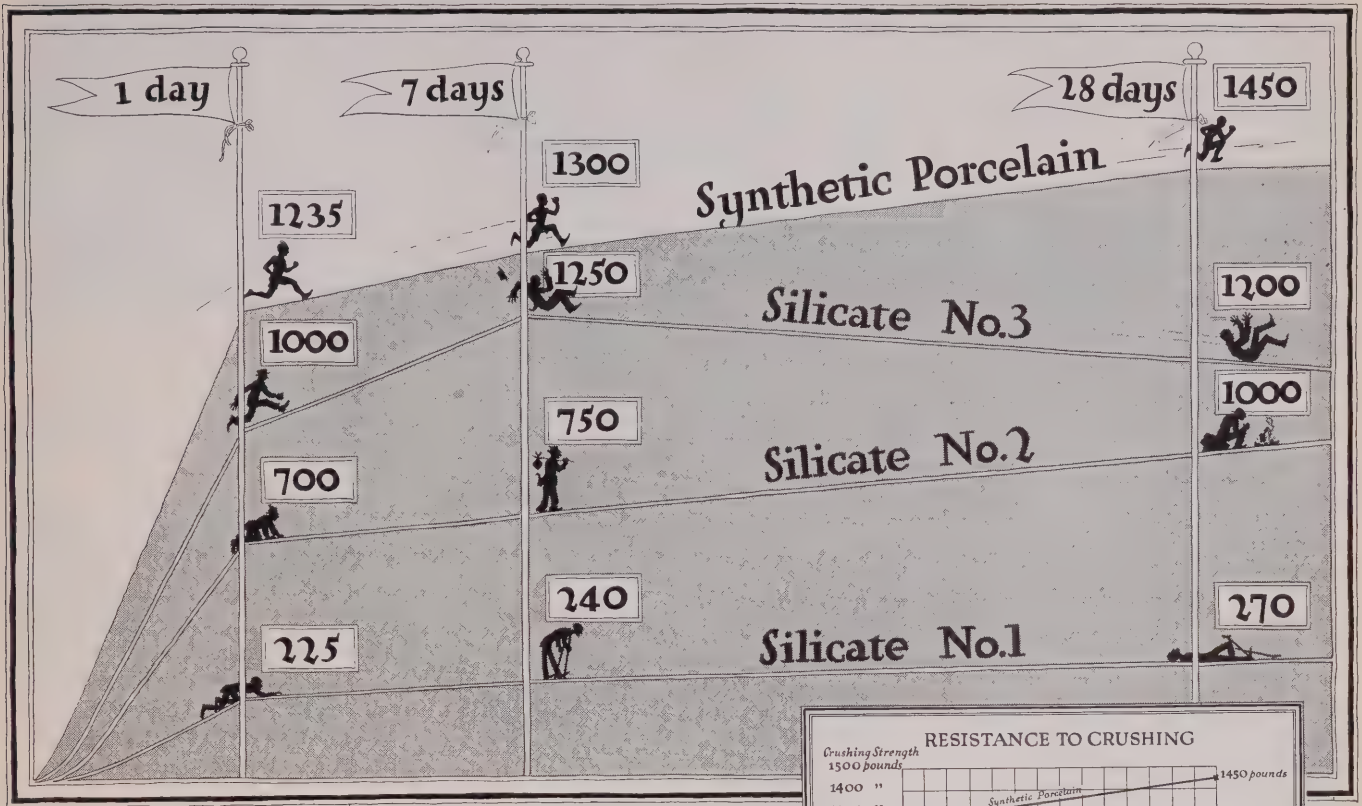
200 men engaged in the dental profession and dental supply business, representing many cities. The affair was unique in that it was the first time in the history of the American dental profession that such a testimonial was accorded by dentists to a dental supply man.

Dr. Joseph A. Jones of Roselle Park acted as toastmaster. Dr. William F. Randolph, a New York City dentist and intimate friend of Mr. Cook, told of how the dental man climbed the ladder of success.

Those who spoke of Mr. Cook's activities as a good provider of dental supplies were Dr. Lawrence E. Hooker, Dr. William E. Truex, William C. Cope, John C. Fostbauer and Harry V. Osborne. Dr. G. Layton Grier, president of the American Dental Trade Association, declared that the standards set by Mr. Cook had done a great deal to elevate the industry which he represents.

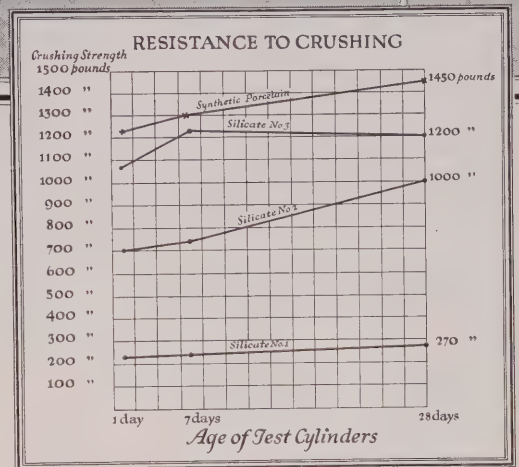
A LETTER FROM THE MAN BEHIND THE TABLE

"Osogen was the main attraction at the meeting" writes one of the Caulk Demonstrators. "A large percentage of the dentists who visited us were already using it. We helped them out of some minor difficulties, such as afterpain. Some had not used rubber-dam. Others had not read any of the directions. One 'smart aleck' was using iodoform paste with the Osogen Fluid, because, so he said, 'the Osogen



The Comparative Strength of "Silicates"

Charts are seldom interesting to anyone except an efficiency-hound or a scientist. The chart at the right is taken from a scientific report of work done in the Caulk Research Laboratories and originally printed in "Industrial and Engineering Chemistry." It plots the strength of three representative silicates in comparison with Synthetic Porcelain, over a period of 28 days after the insertion of the filling in the tooth. The tests were made in saliva, at body temperature, with cylinders 5 m. m. long and 5 m. m. in diameter. If the original charting does not give you its message clearly enough, look at the cartoonist's jazz interpretation of it.



Thomas Edison replied to the question, "What is Life?", by saying: "Life is what you put into your stomach. Stop eating food and there will be no more life."

"To live, you must eat. To eat you must chew. If dental work need to be done, do it now. *I'd rather save a tooth than extract a tooth.*"

The ethics of messages like this is being put up for discussion by *The Dental Outlook*, New York's live-wire dental magazine. Its professional readers are asked to say whether or not a dentist should so address prospective patients—in print. Dr. Maurice S. Calman, who raises the question, also submits two other messages which Dr. Wolf, the author of the letters, has been sending into his neighborhood with successful results.

"When skyscrapers are being built," says Dr. Wolf's second message, "you see the concrete mixer combining the broken

These Messages To Patients Are Effective But Are They Ethical?

stone, gravel, cement and other materials to make the concrete for the foundations. Your teeth are your concrete mixers which grind and mix the building materials for your body. If you want your body to endure, see that your teeth, if in need of repair, are attended to at once. *I'd rather save a tooth than extract a tooth.*"

The third message, dated June, says that vacation time is coming. "You may go abroad, go hunting, or play golf. You will buy golf sticks. You will see that your shotgun is in good condition. You will fill your trunks with clothes, *but you will not think of your teeth until you get a*

toothache. Then your pleasure will be spoiled and your vacation wasted. Have your teeth examined now and make sure of a pleasant vacation. *I'd rather save a tooth than extract a tooth.*"

From the common-sense view, taking the standpoint of the business man, these messages are more than usually clever and effective. Whether the professional readers of *The Dental Outlook* will approve or not remains to be seen. Perhaps some of the western readers of *Milford News* will favor the Editor of *The Outlook* with their opinions on this subject. His address is 4 W. 126th Street, New York.

"Man is like a tack—useful if he has a good head on him and is pointed in the right direction, but even though he is driven, he can only go as far as his head will let him."

(Continued from page 4)

possessing the finest set of teeth." Another paper reports Dr. George Brace telling the story of dentistry at the High School of San Diego, California. No doubt the similar activities of hundreds of other dentists are being reported in papers which I do not see, and thousands of others are telling the story of dentistry to private audiences of one at a time, as I did. Even the radio has been used, by Dr. Black, to broadcast the dental story.

Read this essay written by little Miss Bonnie Samples, a sixth grade pupil in the schools of Grant County, Oregon. Bonnie won first prize for her essay. She says:

WHY GOOD TEETH MEAN GOOD HEALTH

Good teeth are one of the most important essentials to good health. There are many things which should be done to keep the teeth in a condition where they will not injure health. Among these are:

The teeth should be brushed at least twice a day. We should eat coarser foods, for the fine foods which we eat to-day aid tooth decay. We should see the dentist at least twice a year, to have the teeth cleaned, and if there are any cavities, to have them filled.

Good teeth grind the food better. One essential to good health is good digestion, and that we cannot have with decayed teeth. With decayed teeth, which are naturally sore and tender, we bolt the food, and the consequence is indigestion. With good teeth, on the other hand, we are able to chew the food thoroughly, and thus aid digestion. The stomach is over-worked unless the teeth do their share in digestion.

Decayed teeth are a good place for disease germs to thrive and multiply until a time when the body is weak enough for them to gain a foothold and cause disease.

When the teeth are not brushed, the food left upon them ferments and forms acids which cause tooth decay. When the teeth decay or pus pockets form around their roots, they send poisons to other parts of the body, through the food. These poisons cause many diseases.

Every mother should strive to have a clean, healthy mouth. She should do this for the children's sake as well as for her own, for mothers with clean healthy mouths bear stronger, healthier children. Besides, when the children see the beautiful teeth of the mother, they will wish to have such teeth themselves, and will strive to gain them. Both parent and child can easily have good teeth. Experiments that have been made show that decayed teeth are responsible for fifteen per cent of the children who have dropped out of school, seventeen per cent of those who have fallen back in their grades, and sixteen per cent of those who have stayed more than one year in a grade. They cause more disease than intoxicating liquors. Most of the inmates of prisons and schools for the defective have bad teeth.

All the time and money spent in finding whether good teeth are essential to good health, has given us a new and easy way to attain good health.

Somebody taught this little girl to have respect for her teeth and her dentist. Millions like her are still waiting for the teacher and will reward him a thousand fold for his trouble.

The biggest men in the profession today are famed as teachers. Perhaps there is

ALPINE POINTS CAULK

They Outwear

Two or Three Other Points and They Are SNOW WHITE

SEVERAL times the amount of actual grinding can be done with Alpine Points as compared with any other abrasive point now used in dentistry. The first practical trial will prove this difference.

The only finishing point *hard* enough, *fine* enough, and *white* enough for quick, smooth immaculate finishing of the hardest of all filling materials,—de Trey's Synthetic Porcelain—is the snow-white point, in the box with the *blue* label.

Twelve popular shapes are made. Your dealer can send you a nice assortment either for chuck handpieces or right angles.

Another kind of Alpine Point, called "Abrasive," comes in yellow boxes. These are coarser than the finishing points and are used for heavier cutting, either of tooth structure or to remove bulk excess from Synthetic Porcelain restorations. Twelve most useful shapes are mounted on mandrels for both the handpiece and the angle attachment.

Per Dozen

Alpine Finishing Points \$2.60

Alpine Abrasive Points 2.10

SUPPLIED BY ALL DEALERS



For Superior Results in Polishing, use an Alpine Point Dipped in Caulk's Dental Polish



some connection between their teaching and their success. Anyhow that is my experience.

I built my practice simply by telling the story of dentistry on every appropriate occasion to everybody, young and old, but I like best to tell it to the mothers and fathers of young children.

If I should be uprooted from this old office and put down anywhere in a strange town, just let me have ten mothers as my first patients and I would guarantee to build my practice all over again in a short time, simply by telling the story of dentistry.

In my opinion, the dentist who does not take real interest in mothers and children is neglecting the real foundation of his practice.

THE POSSIBILITY OF MAKING LOOSE TEETH TIGHT AGAIN

Loose teeth that have one-half or more of the root or roots still attached to vital periodontal membrane will again become tight as soon as the pockets are completely obliterated, the infection checked, and the tooth held firmly in position by splints, during the process of healing.

In cases treated with Mercitan it is not uncommon to have loose teeth become perfectly tight and firm in two weeks, even though splints have not been used, providing that the detached cementum has been smoothed and polished and the pockets properly obliterated and healed.

CALIFORNIA

"I have thought to address a few words of commendation for the work accomplished by the pamphlets 'Crown Forms.' These are good—also other of your generous hints and methods, where, how and when to use Synthetic Porcelain and other of your materials, such as Caulk's Pulp Preserver, which I have recently purchased. I think the little booklets and pamphlets are much more helpful to the busy dentist than the journals, as I can lay them upon my bracket and endeavor to follow the outline. I have been greatly helped and my use of Synthetic Porcelain greatly extended, and a confidence in its reliability and permanency has passed into assurance. Caulk's name on a package stands for the highest excellence. These statements are sincere. I thank you."

THE RECORD WILL SHOW THE PROOF

I wish to report on your "Crown and Bridge and Gold Inlay Cement." I am greatly pleased with its working qualities, and it seems much superior to anything I have previously used. I am keeping a record of my cases and shall be greatly interested to see how it stands the test of time.—*Boston, Mass.*



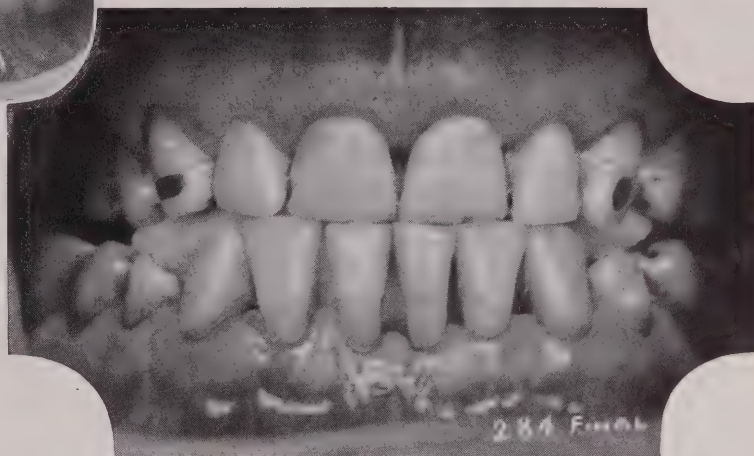
Mercitan Case 284

JULY 20, 1923. First photograph taken. Entire mouth very badly neglected. Breath very foul. Gums around the lower anteriors loose and flabby. Teeth have not been scaled or polished for years. Teeth heavily stained by smoking.

July 27. Teeth scaled and polished. Treated with Fluid No. 1 (Mild).

August 3. Treated with Fluid No. 2 (Strong) and a poultice of Mercitan Cream on cottonoid, five minutes. Cream wiped away and mouth sprayed with Mercitan Lotion.

August 10. Mouth sprayed with Mercitan Lotion. Cream No. 2 (Strong) applied in all pockets. The gums are now greatly improved. Inflammation subsiding.



August 17. Mouth and pockets sprayed with Mercitan Lotion, and Cream No. 2 applied in all pockets.

August 24. Mouth carefully sprayed with Mercitan Lotion. Two lower centrals treated with Fluid No. 1 (Mild). All other parts treated with Cream No. 2. A poultice of the Cream applied five minutes over the lower anterior gums on the labial.

August 31, 1923. Last photograph taken. The gums now are hard and pink and do not bleed easily, and hug the necks of the teeth. Breath not offensive. Patient says that he no longer has a bad taste in his mouth in the mornings. Patient cautioned to continue home treatment and to visit his local dentist every three months for inspection.

Honeymoon Trauma as Reported by the Country Paper

"William Garreans of Bartlett," according to a rural paper of Iowa, "was bitten on the ankle while in the barn. He thought it was not serious until yesterday when the appearance indicated ankle poisoning. Mr. Garreans was married last Saturday to Miss Violet Maxwell, but neighbors think the wound comes from snake-bite."

He Knows Why

I have used no other cement but Caulk's for twelve or fourteen years.—*Texas.*

Cementing Bands

I like your Copper Cement better than any I have ever used. I also like the zinc cement where I have occasion to cement several bands at a time, as it sets slowly. Can assure you that I will always keep your cement in my office.—*Texas.*

SPECIAL OUTFIT "Freepas"

PULP-CANAL INSTRUMENTS

\$9.05 value for \$8.00

- 5 Non-corrodible Pluggers, assorted
- ½ Doz. Explorers, assorted, long mounted
- ½ Doz. Barbed Broaches, assorted, long mounted
- ½ Doz. Barbed Broaches, assorted, short mounted
- ½ Doz. Hatchet-edge Picks, assorted, long mounted
- ½ Doz. Hatchet-edge Picks, assorted, short mounted
- ½ Doz. Apical Curettes, assorted, long mounted
- ½ Doz. Apical Curettes, assorted, short mounted
- 1 Doz. Diagnostic Wires
- 1 Depth Guard (Gage)

PRICE COMPLETE, \$8.00

Obtainable from all Dealers

Four Interesting Points

I like to say that I have been using Twentieth Century Alloy since I started to practice dentistry, and I like it very much, as it is easy to manipulate, easy to regulate setting, hard after setting, and gives fine luster after polish; also very durable.—*Washington.*

No Samples, Please

I have used nothing but your T. C. Alloy for years, so there is no need for samples. I also use your Mixer and Gage.—*Washington.*

Surprised

Thought I was using the best C. & B. Cement, but yours is so much superior that I am sending order to my dental depot today.—*Arkansas.*

No Experiments

Have been a constant user of your Alloy for years, and have persistently refused to experiment with any other.—*District of Columbia.*



© PHOTOS BY ANNE SHRIBER

Take a tip from the little white nurse

MERCITAN LOTION is not just another "drug store mouth wash." No dentist could desire more effective action.

At the same time it has a sparkle, a fragrance, and a smacking good taste that puts it in a class all its own. And it can not irritate the mouth tissues. Your good advice to patients young and old will be more faithfully followed, if you make their home treatment *pleasant*. Also if it shows *real results*.

Mercitan Lotion is the **ONE** preparation that is *very agreeable*, and *actually does* some good.

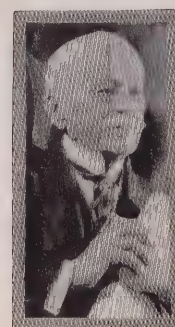
At the chair it supplies just the right antiseptic, deodorizing spray.

After traumatism caused by scalers, separators, clamps, ligatures, or extraction, prescribe it for use at home to relieve the soreness, prevent infection, and promote clean, rapid healing.

Mercitan Lotion keeps good mouths in good condition, and helps to improve even the worst ones.



Everybody
Likes It



The Denture Patient Needs Advice

Getting accustomed to the new denture, learning to appreciate its value and how to keep it clean and comfortable is the subject of a booklet called "Comfortable Dentures," which saves much verbal instruction. May we send a copy with an interesting offer on *Caulk Denture Cream*?

TWO SPECIAL OFFERS AT PROFESSIONAL RATES WITH PERSONAL LABELS

Special Offer No. 1—One dozen eight-ounce bottles Mercitan Lotion	\$9.00
Fifty trial size bottles 6c each (less than cost)	3.00
Fifty special labels with the dentist's personal name and address, NO EXTRA CHARGE.....	0.00
	\$12.00

Special Offer No. 2—One gallon bottle Mercitan Lotion..	\$12.00
Fifty trial size bottles 6c each (less than cost).....	3.00
Fifty special labels with the dentist's personal name and address, NO EXTRA CHARGE.....	0.00
	\$15.00

A CAULK PRODUCT

How Can Anything Be Insoluble *and* Also Germicidal?

THIS EDITION 72,000 COPIES

CANADIAN EDITION

MILFORD NEWS

NUMBER

33

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

JUNE, 1924



© PHOTO BY ANNE SHRIBER

THE STORY

"Dentistry Is Hell," Croaks Dr. Crane.

Chart No. 2. A Plan For Healthy Development.

Report on Mercitan Case 270.

The Eight "Ates," Page 8

Who Will Continue The Story? Page 9

A Ten-Year-Old Synthetic Porcelain Restoration In a Bicuspid.

BEWARE THE TOOTH CLEANERS AND WONDER WORKERS A WARNING TO PATIENTS

A NUMBER of liquid tooth cleaners are being advertised to the public. The Caulk chemical laboratory has examined a number of specimens sent by dentists. Practically all of these preparations contain strong acids such as lactic, hydro-fluoric, hydrochloric and sulphuric, which have no place in the dental office, and certainly are not safe for home use.

Some of these preparations are so destructive to enamel that the erosion can be seen with the naked eye after a five-minute application.

If this method of home-cleaning and bleaching is being used by many persons,—and the continued advertising would indicate that it is,—then millions of teeth are being irreparably ruined.

Many dentists must ask themselves why gums stay irritated after prophylaxis has been properly done, and the patient has been instructed in the use of the tooth brush.

Perhaps the answer can be found by raising the question; “what do they use on their brushes?”

Teeth that show signs of unnatural bleaching or gums that show signs of chemical irritation call for a professional warning to safeguard the patient against the advertised preparations that promise too much. The “candy and soap” kinds of tooth pastes may not do much real cleaning, and perhaps for that reason many dentists hesitate to recommend them. But certainly the chemical bleachers, and the strongly medicated cure-alls can be authoritatively condemned by the professional man without any fear of making a mistake and without waiting for patients to ask the question.

SUCCESSFUL TREATMENT OF ANTRUM THAT HAD BEEN INFECTED TWENTY YEARS

“Patient was man of about forty-five. For twenty years, even while in college, he had pains in the back of the head and was unable to stand as much work as he thought he should. A specialist in Toronto failed to give him relief. At one time he had to leave college on account of these pains.

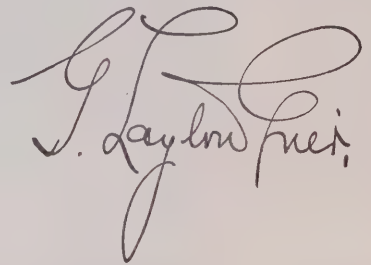
“This patient called on me on last June, with upper left first molar slightly sore and the surrounding gums inflamed. Diagnosis, abscess; and tooth extracted under novocaine infiltration method. Quite a piece of the floor of the antrum came away attached to the roots, leaving an opening about the size of a ten cent piece or larger, with a large amount of yellow pus.

“On syringing the antrum with diluted Mercitan Lotion, hardened pieces of pus were washed out.

The Polish On the Surface Hides the Real Work Underneath

I HAPPEN to know that many of the articles you skim through without undue effort in the pages of Milford News are re-written at least four times, and the editor says that fourteen re-writings would not be too many if by doing so he could make the perusal a little easier and more convenient for his friends at the reading end.

If this remark needs any finishing off, we can compare the painstaking work in a pulp-canal or a cavity, which the patient hardly appreciates when he looks at the finished surface.



“I packed the antrum for a few days with gauze dipped in different antiseptics, Mercitan Lotion included, but did not get as good results as I wanted. Finally I partly filled the antrum with Mercitan Cream. Next day the discharge had ceased and the odor was good.

“I kept the cavity packed for a week or so with Mercitan Lotion on gauze, but think now I should not have packed it for so long a period for although the hole is practically closed and the patient suffers no inconvenience, there is still a very small opening into the antrum.

“The pains have left the back of the patient’s head and he says that he can do twice as much work as before, without feeling fatigue. His color is better and he weighs more than he has for years.

“If I should have a similar case again I would try the Mercitan Cream in gradually reduced strengths and quantities, instead of the packing.”

A SWEET COMPARISON

The difference between crystalline sugar and granular sugar suggests, on a gross scale, the difference between a Synthetic Porcelain filling that is properly handled and one that is not.

When sugar is cooked to a syrup and then allowed to cool undisturbed it hardens with a uniform crystalline texture, but if

it is interfered with during the process of hardening it forms a granular, crumbling texture. The same principle applies to the manipulation of Synthetic Porcelain. Allow at least three minutes for initial setting. Don’t move the strip. Don’t rub on it or burnish over it. During this three-minute period a worth-while reward results from doing *nothing!*

“HOW WE APPLES FLOAT”

“The Medical World” is credited with the chic story about the apple and the rotund specimen of horse manure that were floating down a river, and the horse excrement said, familiarly and brotherly-like, to the apple: “How we apples float!” thus symbolizing the effort of the imitator to insinuate himself in the class of the real thing.

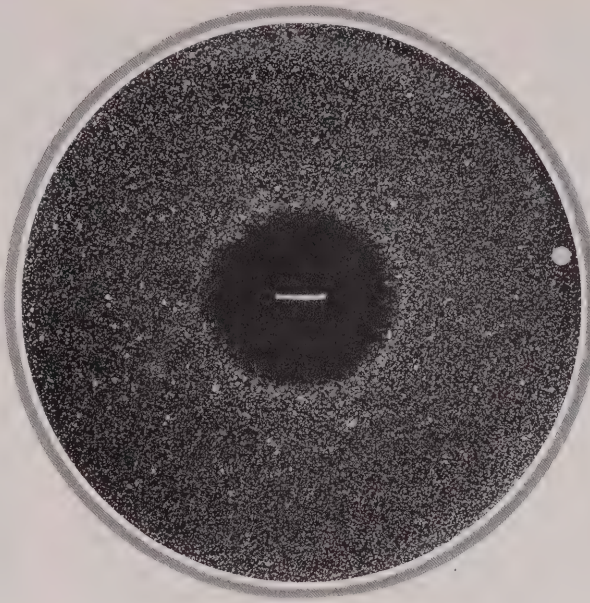
THE SAME TO YOU, MISSOURI!

“Milford News has become ‘classy’ of late, and we are reading it. Keep making it good and we will continue to read it. The idea is good. It gets you acquainted with the dentists of the world; and what’s better, it gets them acquainted with you by its pictures and its talk. Milford is not far away now. We have found out that you are ‘almost human,’ if not entirely so.”

—Moberly, Missouri.

Each White Spot

is a colony—a township—of living bacteria. The quarter-inch object in the center is a thread of set Osogen which was washed in water every day for nearly a month, until all the soluble germicide was washed out, as proved by chemical tests. On the twenty-eighth day, the wash water failed to show any trace of potassium iodohydrargyrate. Then this thread was planted in agar inoculated with the staphylococcus. Forty-eight hours incubation



grew the crowded colonies all over the dish except in the center. The clear dark zone, around the thread of Osogen, is sterile, proving the potency of its germicidal action after twenty-eight days washing.

This experiment is far more drastic in action against the Osogen filling than could be possible in any pulp-canal case in the mouth, where the contact with any watery fluid could only be very limited. Nevertheless, this test shows the mechanism of the effects which actually take place at the apex of the tooth.

How Can Anything Be INSOLUBLE and Also GERMICIDAL?

"CAN you explain to me," said the visiting dentist, "the statement in your book where you say that two of the germicides in Osogen are capable of permanent sterilizing action without being soluble? That doesn't seem reasonable to me."

His smile threw a friendly challenge to the demonstrator and the rest of the

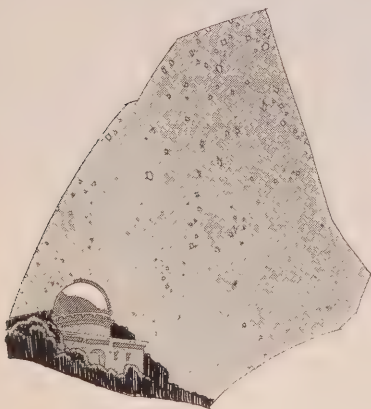
"THE insoluble germicides in set Osogen continue to exert a pronounced sterilizing influence even though the soluble germicides have been completely removed."

from MANAGEMENT & TREATMENT
OF PUTRESCENT PULP-CANALS &
PERIAPICALLY INFECTED TEETH
WITH OSOGEN.—PAGE 45.

same sense in animals; nevertheless, the sense of smell furnishes some striking instances to illustrate the point in question.

One drop of otto of rose will fill a room with the fragrance of thousands of roses,—and the drop will still appear undiminished after the room has been filled.

The odor from a few centigrams of



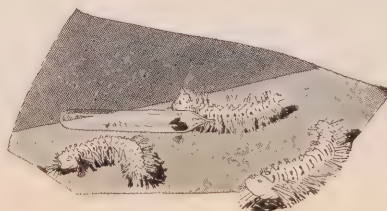
WITHOUT THE TELESCOPE
AND SPECTROSCOPE THE
PLANETS REMAIN NOTHING
BUT TWINKLES.

the universe with our five senses is as futile as trying to grasp the entire earth in our five fingers.

Radium rays and X-rays have a very real existence, but they are not real to our senses until the photographic plate and the electroscope show us the evidence.

Bacteria and parasites rule the insurance tables and the crop reports, yet no man has ever seen one except through a microscope.

The human sense of smell is held to be of little account in comparison with the



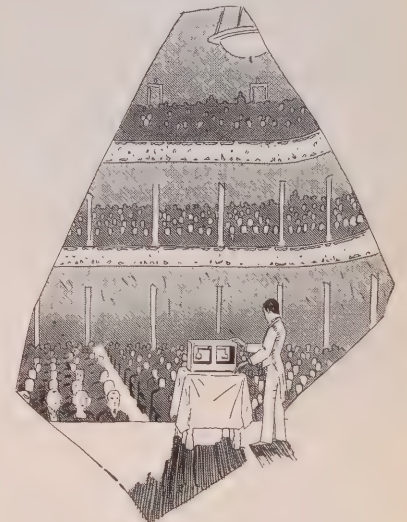
THEY NEVER KNEW WHAT
HIT THEM.

crowd edged up a little closer to weigh the answer.

That same interesting question has been cropping up everywhere since the Osogen book was published.

The answer lies in the fact that a world of activity goes on far outside the range of human observation.

Trying to fathom all the activities of



EVERY NOSE KNOWS WHAT
THE SCIENTIST CANNOT
MEASURE.

musk can permeate a large hall, and could continue to do so for years. Yet the most sensitive analytical scale will fail to detect any appreciable loss of weight in the quantity of musk from which this effect originates.

We know that some musk particles must diffuse through the air, and must come in contact with the olfactory nerves, otherwise there could not be any sensation of odor. Yet how profuse this permeation of the atmosphere must be, when the musk odor can fill every square inch of space and every remote corner in a great hall! And how very small the amount of matter that has gone into the

in the well known fact that water in a copper vessel will be sterilized by simple contact with the copper. A strip of sheet copper $3\frac{1}{2}$ inches square will purify a quart of water in six to eight hours.

Some trace of copper must be dissolved in the water, but the amount is small beyond the compass of human appreciation. Copper can not be detected in the purified water by taste or even by the most delicate chemical tests; yet the typhoid or colon bacilli that were alive and capable of manslaughter before the copper was placed in the water are soon blessed with the virtue of complete deadness.

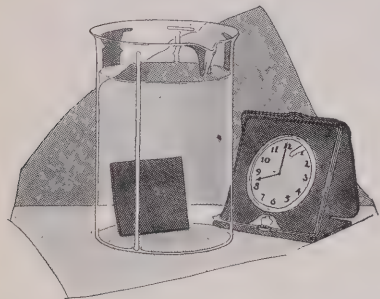
This explanation would not be necessary at all if scientific language contained a word to define this infinitely small degree of solubility. Actually there is nothing that is absolutely insoluble in water, the universal solvent. But because of the lack of a word to fit the case, chemistry and bacteriology both admit the use of the term "insoluble" in reference to certain substances of *very limited* solubility.

The examples already cited help us to understand why the statement referred to in connection with Osogen is perfectly justifiable and why the combination of insolubility with germicidal activity is possible, even though at first glance it may seem unnatural and contradictory.

The mercurous chloride that is used in Osogen is insoluble in water according to all general text books on chemistry and pharmacy. Nevertheless a certain very minute degree of solubility has been demonstrated by the electrical conductivity method, which detects the fact that two milligrams of mercurous chloride can be dissolved in one liter of water. At this

rate 60,000 gallons of water would be required to dissolve one pound.

Now then, set your imagination at its largest magnifying focus and imagine the small amount of Osogen in a pulp-canal. Then picture only three per cent of this small filling as mercurous chloride. Then conceive the extremely small amount of



STERILITY IN EIGHT HOURS WITHOUT ANY APPARENT ACTION.

emanation, when its absence can not be detected!

Another example of a similar nature is the almost mystical potency of radium which never stops "shooting" and yet never suffers any detectable loss of weight! When caterpillars and other small animals are shut up in a box containing a fragment of radium they are killed by its missiles, which strike, even through glass, with speed, power and most marvelous abundance, yet the arsenal from which they come, remains, apparently, as full as ever.

Still another example can be pointed out



THE UNIVERSAL SOLVENT.

aqueous fluid that could possibly be in contact with the apex of a tooth, and finally try to conjure up some idea of the infinitely small quantity of the germicide that could possibly be dissolved out of the filling in the canal, even though the patient lived long enough to rival Methuselah.

Having done this, you will understand why the adjective "insoluble" is justified in such circumstances. And the examples already cited, of great effects from very small causes, will demonstrate how it is possible for this mere nothing of "insoluble" matter to maintain an active and powerful germicidal influence.

THE FUNCTIONS OF THE CHEMICAL COMPONENTS OF OSOGEN

OSOGEN FLUID

Substance	Principal Use in Medicine	Function in Osogen
Magnesium Chloride $MgCl_2 \cdot 6H_2O$	Laxative.	(1) To produce a neutral hypertonic solution having a high osmotic pressure. (2) Reacts with Osogen powder to form the cementitious base.
Potassium Iodohydrargyrate $HgI_2 \cdot 2KI$	Yellow crystalline pieces. The most powerful inorganic germicide known. Is not only a much more powerful germicide than mercuric chloride, but is less affected by albuminoids, and less irritating. Dilute solutions used as alternative in treatment of syphilis.	(1) A powerful <i>soluble</i> germicide, for sterilization of tubules and periapical region. (2) Continues to be liberated by diffusion from the cementitious base by contact with serum, or body fluids.

OSOGEN POWDER

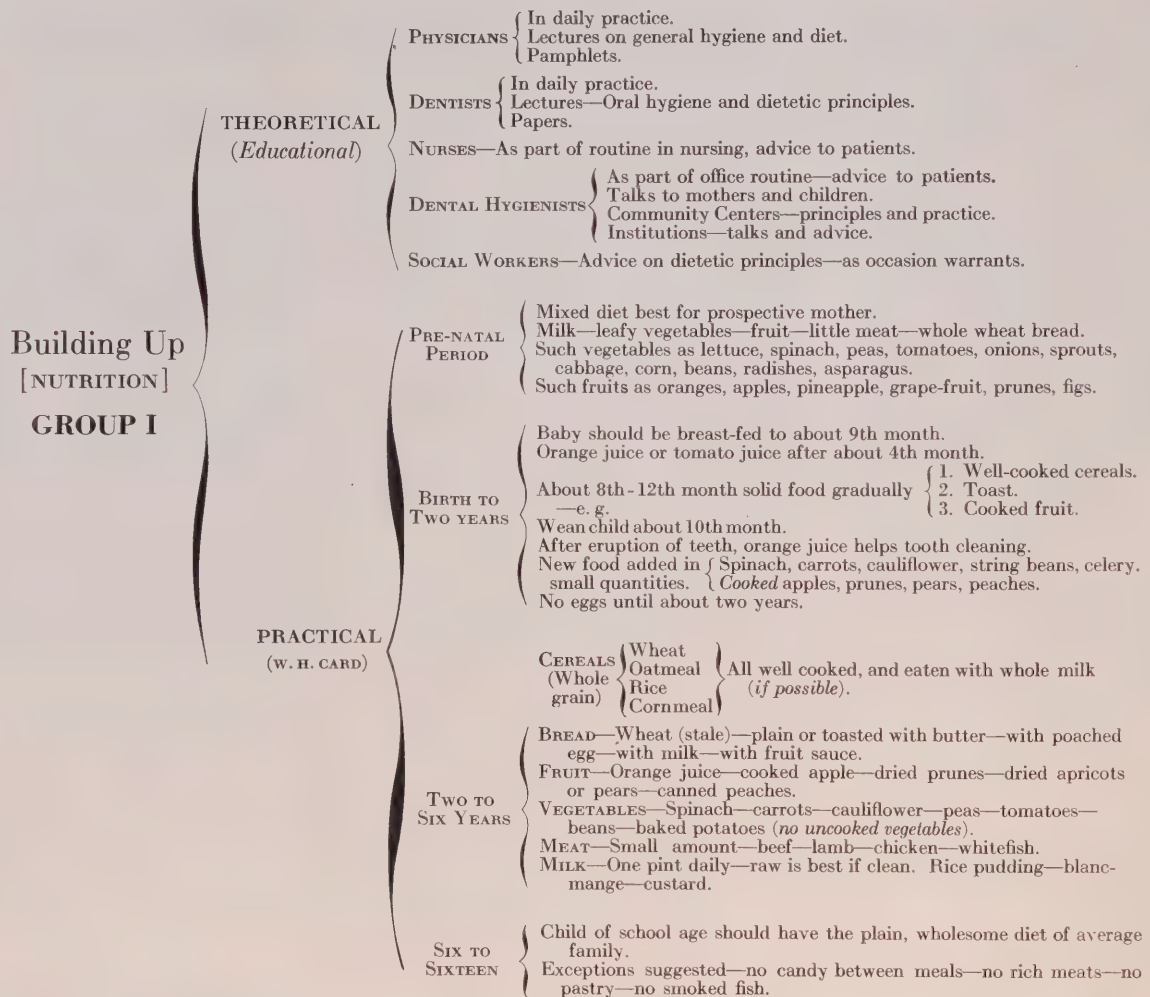
Substance	Principal Use in Medicine	Function in Osogen
Magnesium Oxide MgO	Almost insoluble in water. Antacid in gastric hyperacidity. Laxative. Dressing for ulcers, etc.	Reacts with the magnesium chloride in the Fluid to form the cementitious base and releases $Mg(OH)_2$ to produce alkalinity.
Mercurous Chloride $HgCl$	Insoluble in water. Non-irritating to mucous membranes. Dusting powder for treatment of eye infections, etc. Ointment for venereal prophyllaxis.	The principal <i>insoluble</i> germicide.
Di-thymol Di-iodide $(C_8H_7CH_2 \cdot C_8H_7OI)_2$	Insoluble in water or glycerine. Contains 43% of iodine.	The second <i>insoluble</i> germicide acting as a "kicker" to the mercurous chloride.

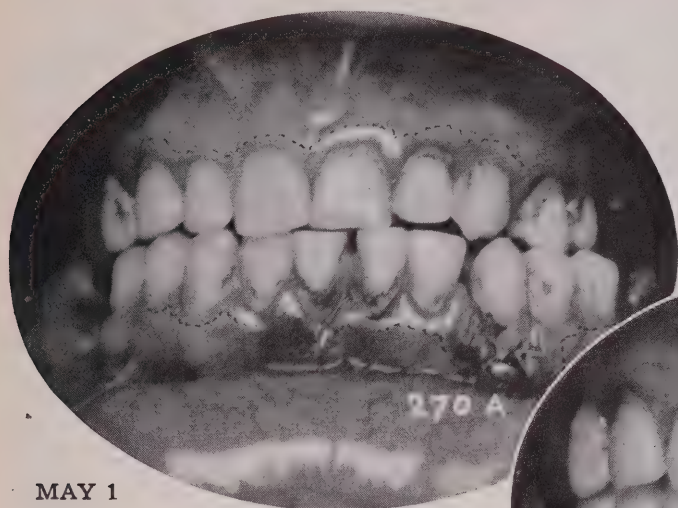
What Can Be Done for the Oral Machine?

CHART No. 2—BY E. MELVILLE QUINBY, M. R. C. S., L. R. C. P., D. M. D., BOSTON, MASS.

Requirements of Any Machine { BUILDING UP FITTING OF PARTS CLEANING

A Plan for Healthy Development of the Oral Machine





MAY 1

Mercitan Case 270



JULY 23

MAY 1, 1923. First photograph taken. Mouth very foul and much neglected. Gums spongy and bleed very easily. Pus can be squeezed out around the gingival of almost every tooth. Salivary and serumal calculus in abundance. The lower left cuspid and the two lower centrals quite loose. The dotted line indicates depth of the pockets. Teeth partially scaled and treated with Fluid No. 1 (Mild) and Cream No. 1 (Mild). Patient instructed in home treatment with Mercitan Lotion and Mer Dentifrice.

May 14. Scaling finished and teeth polished. Treated with Fluid No. 1 and Cream No. 1.

May 22. Treated with Fluid No. 1 and Cream No. 1.

May 30. Treated with Fluid No. 1 and Cream No. 1. Gums improving but not as

rapidly as should be expected. Upon questioning, the patient admitted that she had neglected the home treatment.

June 7. Treated with Fluid No. 2 and Cream No. 2. Great improvement, partly owing to the renewed effort of the patient in home treatment.

June 14. Pockets not yet completely eliminated around the lower centrals, upper left lateral and lower left cuspid, but all others have been eliminated. The pocket at the lower left cuspid is slow in responding, owing to malocclusion and to its serious depth. Therefore this pocket treated with Fluid No. 2 (Strong) and Cream No. 2 (Strong).

June 23. The lower left cuspid pocket not completely closed, therefore it is eliminated by surgery. Other parts treated with Fluid No. 2.

June 30, 1923. Treated with Fluid No. 1 and Cream No. 2.

July 14, 1923. Fluid no longer required because tissues now are in excellent condition for final healing. Therefore treated with Mild Cream only. Pockets practically all eliminated and a new gingival ligament formed around the teeth, including the lower left cuspid.

July 18. Treated with Cream No. 1.

July 23, 1923. Last photograph taken. Great improvement of the entire mouth. Teeth all solid. Gums are firm, pink and healthy, and do not bleed when brushed. Patient's general health greatly improved. Weight increased. Patient says she feels like a different person. Dismissed with advice to take proper care of her teeth and to continue the home treatment according to instructions.



Irrigate, Investigate, Indicate, Elucidate, Estimate, Stipulate, Operate, and Liquidate

By IRVING W. MARGULIES, D. D. S., New York, N. Y. Extracts From the Original Article, "Salesmanship in Dentistry," in *The Dental Digest*. Reprinted by Permission



A-A-A-W-W-K I'm An Eagle!

"I notice the advertisement of an article with a name apparently chosen for the purpose of resembling Synthetic Porcelain," writes a professional friend from New Hampshire. "To say that I was disgusted is putting it too mildly. Some author unknown to me wrote the following verses which I have copied for you:

"Back in the shadows of commerce,
Working in ways that are old,
Struggle the world's mental slackers,
Clinging in vain to their gold;
Studying each new invention,
Made for the good of mankind
They aim at a substitution—
The 'just as good' of the *blind*!

"Whenever the way is open,
For this 'just as good' brigade,
They copy the work of successes,
Without any thought of who paid;
They try for another's harvest
And wait for another's score,
While marking time as *undoers*—
With Progress asleep at their door."

STRAIGHT SHOOTING

In my ten years experience with "Synthetic," there is one unvariable product—Caulk's, and one unvariable reason of failure—mine. There is no one science as exact and unchangeable under like conditions as chemistry. What will occur under certain conditions in Milford will do exactly the same in Oregon. If a Caulk's Synthetic Porcelain Restoration fails, the reason is poor technique on the part of the operator—alibis notwithstanding.—Albany, Oregon.

THE usual procedure is a hasty examination with an explorer, and an estimate given in a few minutes. Result: patient says either "Yes" or "No," but has no conception of what he is to receive and its commensurate value.

The first procedure should be to spray the mouth with a pleasant mouth wash, thus making the patient feel at ease. A careful survey of the mouth should then be made. The teeth should be radiographed in all cases before work is begun. If bridge-work is to be constructed, modeling compound impressions should be taken and study models made. The patient should then be dismissed and told that at the next sitting a definite idea will be given of the work to be done and an estimate rendered.

At the second sitting, the patient is shown a few model teeth containing silver fillings and gold inlays. Likewise with bridge-work, a model of the type to be inserted is shown the patient, and its advantages explained. Then when we quote figures the patient can appreciate its value and will not be astounded at the price asked.

Cleaning teeth is an item that commands attention. Charge the patient \$10 and you will have your hands full explaining why cleaning teeth should be more than two or three dollars. On the other hand, if you explain at the outset why scaling and prophylaxis are necessary, you will have no trouble in charging and obtaining a relatively decent fee.

Before discussing terms with patients ascertain beforehand their financial standing and then charge and arrange terms accordingly. If the patient is on a salary, ask for a retaining fee, and tell him that we expect to be paid as we go along, the balance to be paid when the work is completed. Nobody will demur upon such terms who honestly wants the work done and intends to pay for it.

With families of means, send bills monthly for work completed and thus avoid delays in collecting large fees upon completion of an extensive piece of work.

The habit of asking people how they will pay for their work is a bad one. Invariably they say, "Send the bill when finished." State your own terms at the start, use your own judgment as to the arrangements and less money will be lost.

Be ethical in your profession. Use astute business sense in your practice. Combine both and success is yours.

NO GAMBLING

"It amuses me much to read a statement to the effect that a practitioner tries some other material and finally goes back to one of your products. Myself, I never had the nerve to take a chance. T. C. Alloy and Synthetic Porcelain were so good when I first used them that I couldn't see my way clear to chancing with any other filling materials. I have entirely abandoned the use of gold for anterior restorations.

"It seems so comical that men who have been in practice for years have so long neglected the opportunity of using such standard products as Caulk puts out. As a kid under my preceptor, the finest materials I was acquainted with were Caulk's.

"In company with every 'ethical' who is cognizant of the value of your products, I thank you for the professional interest you take in our profession and the needs of all dentists."—Kampsville, Ill.

THE SUPERLATIVE SEEMS JUSTIFIED

I use your cement entirely, therefore can recommend it highly. It is the best cement I have ever used.—Tulsa, Okla.

COMPARISON OF RESULTS

I have been a constant user of another well known make of alloy but have discontinued temporarily to compare results. So far I am pleased to say, your Twentieth Century Alloy has proven satisfactory in every respect. It is my opinion that it amalgamates with greater ease, and sets quicker than the other. Caulk's cements are used exclusively by me with excellent results.—Jersey City, N. J.

(Continued from page 5)

dentist were not exempt from taxation because he does not come under the head of 'mechanic.' In this he is in grievous error, as every tooth-tampered mechanic will testify. Does not the dentist make pivots and unions and do bridgework, and grinding, scraping and drilling? What difference is there between the faucets of the plumber and the forceps of the dentist except the negligible and immaterial difference in spelling and pronunciation? When the dentist uses his little hammer, what is he—an artist or a Red Cross nurse? Verily, the dentist is a mechanic and his tools are exempt."

In gratifying contrast to these damaging stupidities, the latest contribution to the subject, in Collier's Weekly, is entirely on the right side. Under the title "Whipping Your Worst Enemy," the author, John Amid, writes in a lively and instructive style on some of the really fine work now being done in dentistry, and of its value as a factor in good health. The editor of Collier's adds, in large type: "In schools where a preventive oral hygiene program has been introduced the children have shown striking advances in health and mental vigor, and increased immunity to disease. Hundreds of thousands of dollars are spent in re-educating children who have failed to make their grade because of physical disabilities. Half of that money spent on oral hygiene will remove much of the disability, and open the way for today's youngsters to lead happier lives. Progressive schools can aid your children to escape disease. Isn't it worth doing? Collier's is ready to help in raising the standard of health through preventing disease."



"Those Who Have"

"Give us more!", say the letters called out by Julia Kirkwood's interview with Dr. L—, published in Milford News for May.

"I have been in practice eight years and am just beginning to realize that I am wasting my best talent because, I could do more to help my patients (and myself) than I am doing now."

This remark is typical of the letters from dentists who were interested by the story in "How I Built My Practice."

For the benefit of the others, will all those who have read the article please

raise their hands, then grasp their pens or mount their type machines, and tell what they think of Dr. L's plan of telling the story of dentistry? Those who disapprove will please say so, and outline the plan that is better, if there is one.

How did you, or how are you, building your practice? About forty thousand readers of Milford News are waiting for the answer.

EFFICIENT

I have been using your cement for the past several years, and find it to be a very efficient cement.—*Washington, D. C.*

HE IS JUSTIFIED

I believe you have the best cement on the market or at least it is the best I have tried. It does not set too rapid nor is it too slow. C. L. Frame's salesman calls on me every week. He is a booster for Caulk's Products, and I believe he is justified.

—*Chicago, Ill.*

FOR GOOD REASONS

Your Crown and Bridge and Gold Inlay Cement is the only kind of permanent cement that I have used in my practice, and it has proven very satisfactory.

—*Wakita, Okla.*

BY COMPARISON

I have been using your cement ever since I started practicing dentistry, and find it to be the best on the market. Have tried several others but yours is far superior.—*Frederick, Md.*



THE KIND YOU READ ABOUT—"THE SIX-FOUR PACKAGE"

Injector Tubes of Celluloid—Not Gelatine



FOR the injection of cements or medicaments **MERCITAN INJECTORS** are superior to the ordinary gelatine tubes because they are celluloid—thin as tissue paper and tough as a thumbnail; finely tapered, and waterproof, not softened by saliva, cement, Mercitan Cream or other medicaments. Specially formed to fit the Mercitan Injectogun.

PREJUDICE AGAINST MERCITAN TURNS TO AMAZEMENT AT RESULTS

"Only about two months ago I took up the Mercitan system of gum treatment," writes a New York dentist. "Up until that time I had certain prejudices against the system, largely because the nature of the ingredients of the liquid and cream had not been made public. This and the other objections I went over a short time ago with your Dr. Davies, and the majority of them were satisfactorily met by him. Another thing I questioned was the seemingly far-fetched claims of results that were made in your first literature.

"I finally decided to try Mercitan on one of the worse cases of pyorrhea that I have ever had under consideration, and when I saw that patient's gums four days after the first treatment I was ready to admit the possibility of miracles.

"It is surprising to myself to find myself writing in this fashion, because I have always considered myself one of the more conservative of persons in every respect, and have often been accused of inability to enthuse over anything. But the results I have been getting with Mercitan in every case demand that I give it the outspoken credit that is its due.

"I have treated and discharged to date about twenty cases, and have under treatment about that same number, and I have yet to see a case that does not show some sign of improvement after the first treatment. I have settled down to a system whereby I give two treatments a week for

two weeks, at intervals of three and four days apart, making four treatments in all, and I have not yet had a case that in my judgment required more than that.

"Allow me to say that I believe that any dentist who does not use the Mercitan method of treatment is missing one of the biggest chances that has ever been given to the profession to serve those patients afflicted with gum disease."

A RARE COMPLIMENT

This is the first letter I have ever responded to from any dental concern but in this case I sincerely feel it worthy of same. I gave your Diamond Point Stopping a thorough trial in each use that you suggested and am delighted to state that it more than met every requirement. I would recommend its use to anyone with sincerity and pleasure. I wish to thank you and yours for the efforts put forth in trying to perfect such a useful article. I know I shall not be without it at any time so long as it is available.—*Williamsport, Pa.*

UTTERLY REGARDLESS

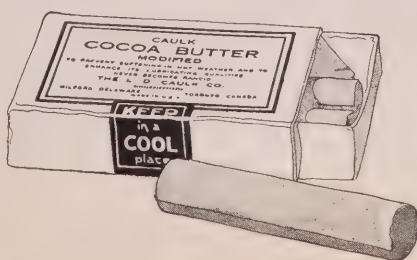
While he was rummaging around the attic on a recent rainy day, a dentist is reported to have found some old notes on what he learned about pulp-canal work at college. He went into practice anyhow.

SEVEN YEARS

I have used Twentieth Century Alloy for seven years with perfect satisfaction.—*Winter Haven, Fla.*

Will Not Melt Below 110° F

WARM rooms or hot weather will not soften Caulk COCOA BUTTER because it is not only specially purified for dental use but is modified and treated to raise the melting point. Its principal uses are to protect Synthetic Porcelain restorations during the ten minutes of initial setting, and also to lubricate disks and stones.



MANY USES

I think Synthetic Porcelain is by far the greatest step forward in filling material that has been put on the market, and I would hate to do without it. Its use is so varied, I have done so many things with it that I can't describe them all.

—*Parkersburg, W. Va.*

COPPER PLUS IODINE

The addition of your "Copper-Zinc" to the Crown & Bridge Cement appeals to me.—*Baltimore, Md.*

SINCE 1913

It might interest you to know that I have used Synthetic Porcelain for over ten years, and like it immensely.

—*Coonor, South India*

TOUGHNESS

Have used your Crown & Bridge Cement with marked success and have reserved a permanent place for it in my crown and bridge work. Like very much its toughness and setting time.

—*Rochester, N. Y.*

NOTHING EQUAL

In using your de Trey's Synthetic I have never found anything to equal it, and am entirely satisfied with it in every way.

—*Chicago, Ill.*

THE FEE PAYS FOR SKILL AND INTELLIGENCE, NOT FOR MATERIALS

A dentist of Salt Lake City is reported to have shown by careful records that the value of the professional services in amalgam work is fifty times the cost of the material used. These figures are based on the total fees for the amalgam restorations done with one ounce of Twentieth Century Alloy.

A NECESSITY

I have been using Synthetic Porcelain for a long time and consider it a part of my equipment.—*Philadelphia, Pa.*

SUCCESS IS PROFITABLE

I have had perfect success with Twentieth Century Alloy, and have placed an order with my supply house for a quantity.

—*Lordsburg, N. M.*

EVIDENCE RIGHT AT HOME

Fillings of Synthetic Porcelain put in my wife's teeth nine years ago are now as good as ever.—*Stevens Point, Wis.*

TAUGHT MANY PATIENTS

I gave a tube of Denture Cream to a particularly nasty case to keep clean. It has worked perfectly. I have prescribed it generally and am sure it has taught many patients a new sense of plate cleanliness that nothing else can accomplish so thoroughly.

BACK AGAIN

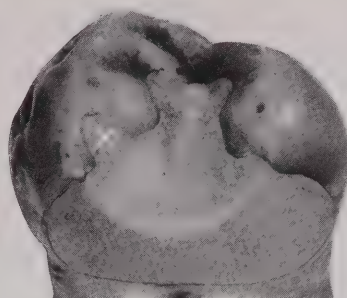
I am using your Cement and like it. I formerly used Petroid exclusively, but drifted away from it as I fancied it was too slow setting especially after the liquid had been exposed a few times. This trial package happened to just suit me in case of a bridge that called for a slower setting cement.—*Trenton, N. J.*

OSOGENATION COMPARED WITH IONIZATION

FIRST of all we must understand that ionization applies only to *one* step in pulp-canal therapy. It is used merely as a preliminary treatment and therefore can only be compared with the preliminary application of Osogen Fluid, and offers no basis for comparison with complete osogenizing, which includes sterilization and alkalization of the dentin and periapical tissue, and the obliteration of the canal by a permanent filling.

The following comparisons indicate the advantages of Osogen Fluid:

1. Ionization requires mechanical equipment. Osogenation does not.
2. Some of the chemicals employed in ionization are irritating to periapical tissue. Though Osogen Fluid contains the most powerful inorganic germicide known, it is not irritating to periapical tissues.
3. Adjustment of current-dosage is necessary for ionization. Osogen Fluid has merely to be applied and sealed into the canal for a short period.
4. A number of repeated treatments are generally necessary in ionization. One treatment with Osogen Fluid is usually sufficient.
5. The sterilizing influence of chemicals used in ionization does not extend beyond the walls of the pulp-canal; whereas Osogen Fluid completely penetrates the dentin and acts rapidly throughout an extensive periapical area. It has selective affinity for pulp tissue, both vital and putrescent, and so sterilizes the contents of inaccessible branch canals.
6. Some of the chemicals employed in ionization cause discoloration of the tooth structure. Osogen Fluid does not.
7. The real use of ionization is not for any sterilizing effect, but rather to induce



Another Ten-Year-Old Synthetic Porcelain Restoration

DR. S. A. Douglass of Eau Claire, Wisconsin, one of the pioneer users of Synthetic Porcelain sent to the Caulk Laboratories the upper first bicuspid, shown in the photographs, containing a Synthetic Porcelain restoration done by Dr. Douglass ten years ago.

The X in the occlusal view marks an overhang which forms a flake of the Synthetic Porcelain filling a groove. Such preparation is not advisable, but in this case, after remaining ten years on a masticating surface, it gives brilliant proof of the strength, hardness, and close adaptation of this filling material.

Another interesting fact, in contrast to the condition so often seen about old gold fillings, gold inlays or amalgam fillings, is the entire absence of decay about the margins of this restoration.

an inflammatory reaction; Osogen actually accomplishes a prompt and deep sterilization.

8. The inflammatory reactions induced by ionization require the application of counter-irritants like iodine, mustard or capsicum. The preliminary sterilizing with Osogen Fluid is followed simply by permanent filling of the canal with plastic Osogen.
9. Any sterilization that may be effected by ionization is not produced by the mechanical forces of ionizing action but by diffusion of the chemicals employed; whereas the much more rapid diffusion and deeper penetration of germicides following the application of Osogen Fluid is produced by a *natural* force—osmotic pressure.
10. Osogenation actually does in hours what the user of ionization hopes to accomplish in days or months.

The most significant point of comparison, however, is that osogenation leaves nothing to chance, except diagnosis and the operative work. Osogen supplies to the operator a material having all the properties essential for the purpose. Many of these properties were never thought of in connection with pulp-canal therapy prior to osogenation, and are not possessed by any other method or combination of methods.

THE RESULTS SHOW

Mercitan Lotion is the most pleasing and effective mouth wash ever tried. Hence our renewal of the previous order.

—*Cincinnati, Ohio*

EXCELLING

Your C. & B. Cement, it seems to me, excels all other cements I have ever used, and will continue to use it in my practice.

—*Hopkinsville, Ky.*

NOT ERRATIC

Your cement seems very fine and gives plenty of time to set large bridges.—*Pa.*

THE EDITOR APPRECIATES THIS

I am using Caulk's Cement now, and have used Twentieth Century Alloy for some time, and consider them good enough to continue their use in my office. Let me say, also, that I thoroughly enjoy your Milford News.—*Tulsa, Okla.*

NONE

Twentieth Century Alloy is entirely satisfactory. I use none other.—*Kansas.*

WELL SATISFIED

For the past five years I have used your Cement. In fact, I don't care to use any other.—*Joliet, Ill.*



© PHOTO BY ANNE SHRIBER



Fever- a Real Test

PHYSICIANS are making good use of Mercitan Lotion in fever cases. The uncomfortable, feverish mouth does not welcome the food that may be vitally necessary. Food seems much more appetizing when the mouth is cleansed and refreshed by rinsing or swabbing with Mercitan Lotion. ♡ Colored water or flavored astringents under the name of mouth-wash can not stand such a test as this.

♡ Mercitan Lotion actually combines high germicidal action with healthful stimulation of mucous tissues, desirable astringency, and elimination of breath odors. ♡ It not only does the work, but it has a sparkle, a fragrance, and a delightful taste that says, "Do it again!"

♡ Everybody likes it. Everybody is glad to be told about it (especially when the information comes from a professional source.)

♡ Indicated for spray at the chair; for home use between treatments, for relief and healing after extraction or other operative work; and as a part of the daily routine of health and cleanliness.

The professional rates are attractive. We also supply 2 oz. bottles with "prescription style" labels, either plain or with professional name and address.

Write to Milford or ask any Dental Supply Salesman.



PRINTED INSTRUCTION for the Denture Patient

saves much talking, gives encouragement during the awkward stage with the new denture; also teaches how to keep it clean—and therefore comfortable. ♡ May we send you a copy of such a booklet, with an interesting proposition on

CAULK DENTURE CREAM?

MERCITAN Mouth & Throat LOTION

A CAULK PRODUCT

"Seeing Ourselves as Others See Us" *begins in this issue*

THIS EDITION 72,000 COPIES

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

CANADIAN EDITION

MILFORD NEWS

NUMBER

34

JULY 1924



© Photo by Anne Shriber

Another Farewell Appearance of The Clam-Digger's Dentifrice

Complete Radiographic Record of Osogen Case 176

Chart No. 3 by Dr. Quinby—Invisible Matching

Mercitan Case 282

A St. Louis Physician Issues an Ultimatum to Those Who Can Pay But Do Not

Good writing of the kind that follows, is so rare that it arouses an irresistible temptation to reprint. More, of the same quality, may be found in the Medical Pocket Quarterly, published by Reed & Carnick, of Jersey City, N. J., and edited by some genius who does not print his own name, thus demonstrating the added virtue of modesty.

Having been stepped on, crucified, lied about, cussed and cut off the paying lists of his patients for thirty-five years, a well-known St. Louis doctor issued, on January first, an ultimatum-in-print—a regular Martin Lutherian defi, impaled on the door with a stiletto.

To all of his patients, willy-nilly, good, bad and indifferent, this St. Louis doctor mailed on the first day of the new year a printed letter, bearing his regular letter-head at the top of the sheet, and boldly signed with his signature.

"After practising thirty-five years, with over \$20,000 unpaid accounts on my books (charity cases not included)," the letter reads, "hereinafter all charge accounts are due and payable the first of each month, or upon rendering bill."

"From January 1st, 1924, my practice will be on a business basis," the doctor says, in virile, bold-faced, unmistakable language!

And why not, pray tell? Those of his patients who have charge accounts at the local department store must pay promptly or be cut off the list. Not only that, but before they can be put on the charge list they must prove their ability to pay—past records are looked up, credit men get together, and woe unto that individual who is in the habit of chucking his bills down the sewer—his credit is nil.

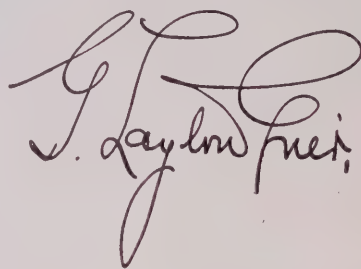
"I am compelled to pay office rent, drug bills, phone, light, gas, tires, etc., monthly and promptly. In consequence, I do not deem it just that I should render my services and supply drugs gratis or on an indefinite payment. Patients unable to pay, mentioning the fact, will be treated as promptly as before; those able to pay and who do not, will oblige me by not calling me!"

Hurrah for the doctor! In every age comes an emancipator—the tribe of So-crates, Savonarola, Luther, and Lincoln is now amplified by the presence of a latter-day iconoclast, who, though he may be denounced as an heretic by his contemporaries, is sure to cast light upon the surface of the troubled earth for miles around.

The doctor suggests that those unwilling to pay should go to the city institutions,

Make Your Work Understandable So That It Will Be Appreciated.

IT is said that neither Einstein himself nor any of his self-appointed interpreters has been able to give an explanation simple enough to make the Relativity Theory plain to the majority of us, and consequently its flare-up of popularity is being smothered by indifference. This case, however, is an exception. Usually the great ideas of science grow into a familiarity that makes them look more simple than they really are, and we are apt to forget the sweat and worry that attended their origin.



where the burden of their treatment will fall, share and share alike, upon the shoulders of all the taxpayers.

In order not to offend those good souls who, in return for services rendered in good faith, pay promptly, the doctor appends this paragraph:

"I am sending this letter to all my patients. I do not desire to expect those who pay to take umbrage or offense. Those who do not pay, I do not want; which will give me more time and energy to devote to the interests of those desiring my services who meet their obligations."

Down Where the Vest Begins

*Down where the belt clasps a little stronger,
Down where the pants should be a little longer,*

That's where the Vest begins;

Down where you wish you were a little sligher,

*Where the shirt that shows is a little whiter,
Where each day the buttons grow a little tighter,*

That's where the Vest begins.

*Down where the pains are in the making,
And each heavy meal will soon start it aching,*

That's where the Vest begins.

Where each added pound is the cause of sighing,

*When you know in your heart that the scales aren't lying,
And you just have to guess when your shoes need tying,*

That's where the Vest begins.

Bob Brackett, in Scioto (Calif.) Bulletin.

Able to Tell the Story of Dentistry in Court

The Press of Houston, Texas reports that a dentist of that city defended himself in a suit for \$30,000 damages brought against him by a patient who claimed that a hypodermic needle had not been removed from her jaw.

"I have just finished a course in public speaking at a Y.M.C.A. night school," said the dentist. "That's how I surprised the lawyers."

No Sale

Servant: "Sir, the garbage man is outside."

"Tell him I don't want any."

Frolicsome Vestrymen

"Then you did go to the vestrymen's meeting last night."

"Yes, my dear."

"And they stuffed your pockets with lavender garters just to be funny!"

"Say, Doctor, what is your pay for dental work?"

"I don't get paid, I just get what I can collect."

This Is the Winning Answer to the Question: What Is the True Condition of Pulp-Canal Treatment As an Economic Factor In Dental Practice?

VERY few of our customers have been able to get even cost out of their pulp-canal treatments. In fact a great many of our customers welcomed the statements being advanced that a dead tooth was a menace and should be extracted, as it eliminated this unprofitable side of their practice and gave them an opportunity to place bridge or plate work.

Many of our so-called "best dentists" have lost patients through the length of time that has been necessary to handle a pulp-canal treatment, as long drawn out treatment work is looked upon by many patients as incompetency on the part of their dentist. To keep a patient coming back to a dental office continually for just a moment's work seemed like an unnecessary waste of their time, when in many cases the tooth was finally extracted.

The dentist has not had sufficient confidence in the results he hopes to obtain, to impress his patients with the value of the work he is doing in his endeavor

to save teeth that require root canal treatment. How can a patient appreciate the value of treatment work if the dentist himself is not sure of his ground and has not sold the treatment to his patient when the work is undertaken?

Dentistry has developed largely into a mechanical profession through the lack of research necessary for proper root canal treatment and they have lost so much prestige that today the medical profession has almost taken the whiphand and is ordering the wholesale extraction of teeth. In other words the dentist's patients are being eliminated through this wholesale extraction. A patient supplied with a full upper and lower denture almost ceases to be a patient.

The sooner dentists educate the public that dentistry is not all mechanical, the sooner they will be willing to pay for treatments the same as they today pay the medical profession for such service.

—From Canada

Seeing Ourselves As Others See Us

THE dictionary defines economics as "The science that treats of the production and distribution of wealth."

The question of economics in pulp-canal work has perhaps had much private cogitation by dentists, but very little of it has been put into print.

Salesmen of dental supplies learn a great deal on such matters. They talk privately to many dentists and hear different opinions.

Three prizes of a hundred dollars each were offered recently by The L. D. Caulk Company for the best answers to three questions in relation to pulp-canal treatment and Osogenation. The first and third questions are not of direct professional interest. But the second question brought answers giving some vivid pictures of the economic reasons why the saving of pulpless and infected teeth have been neglected in general practice.

The following text gives some of the most interesting answers. The names of

This Is the Question And the Prize Offer



\$100.00 for the best statement on the true condition of pulp-canal treatment as an economic factor in dental practice. In other words, are treatments a profitable part of practice among your customers? If not, why not? Don't guess. Don't exaggerate. State the facts as you know them.

the writers are omitted so as to prevent any personal criticism that might result from disagreement by the reader.

No Patient Ever Wants to Lose a Tooth

Wisconsin

There is nothing more acceptable to a dental patient than the information that a tooth can be saved and made useful and comfortable. No patient relishes the idea of losing a tooth. Almost invariably he is very willing to pay a good fee if he can be assured that his tooth can be retained and made useful.

The average dentist has been unwilling to accept the oft-repeated statement of radicals that all infected and pulpless teeth are "dead" teeth and that it is impossible by treatment to restore them to a state of health and usefulness. On this basis of reasoning the dentist is willing, except in obviously hopeless cases, to institute treatment in the attempt to save the tooth. The patient also is grateful to be able to retain the tooth.

Thus, with proper presentation of the facts to the patient in advance of starting treatment so that there is no misunderstanding of the importance of the service rendered, there is absolutely no reason why pulp-canal treatment cannot be made a profitable branch of dental practice both from a financial standpoint and from the standpoint of the good-will and satisfaction to the patient.

Among some practitioners pulp canal treatment has not been profitable in the past because of the

large number of treatments necessary, and the long period of time over which the treatments have extended, together with the uncertainty of good results. For this reason the dentist has felt unwilling to charge his regular fee on the hour basis with the consequent result that such treatments have been unprofitable and unsatisfactory. With Osogen, however, the period of time of treatment is greatly lessened, making it easy for the dentist to charge his regular fee for the actual time spent on the case together with an additional bonus for the importance of the service rendered to the patient, that is, his estimation of what the retention of the natural tooth is worth to the patient.

With the modern scientific method of treatment with Osogen and a strict observance of the technique there is no reason why a very large number of periapically infected teeth cannot be saved and a fee received that is commensurate with the service rendered.

Lack of Effective Methods

North Carolina

Pulp-canal treatments have not been a profitable part of practice among the majority of the dentists I have been in contact with. This is mainly due, I believe, to the following reasons:

- A. The lack of a simple technique resulting in the doctor having to use long and tedious methods; a large number of visits on the part of the patient; and a charge for the services of the doctor that is *not commensurate* with the amount of time spent giving the treatment.
- B. The lack of a material, with the proper instruments, that will satisfactorily fill and treat pulp-canals: resulting in the work having to be done over again, and when this is the case there will probably be some bridge work, etc., that will have to come out, generally meaning that the dentist will eventually lose money on the case; or the tooth will have to be extracted, showing failure on the part of the dentist to treat the tooth properly, and a resulting lack of confidence on the part of the patient, which will eventually result in the loss of the patient and the revenue attached thereto.
- C. Due to the lack of a proper material and a simple technique very few dentists will attempt to treat a pulp-canal unless absolutely necessary, and when they do attempt to do so they generally lack the proper knowledge, which will generally result in an unsuccessful treatment, with the results as stated in B.

To sum up the above in a few words one might say: That the lack of a proper material and simple technique has resulted in the dentist not being able to receive fees for his service in treating pulp-canals commensurate with the time spent and the materials used.

Too Much Time Wasted

San Antonio, Texas

Today there is no branch of dentistry more dreaded and avoided by the dentist, therefore more abused, than pulp-canal treatment.

There is more than *one* reason—there are *two*. One has been the uncertainty of desired results, and the other, the certainty of an economic loss. I say there is a certainty of a loss—for in the great army of dentists there are only a *few* who may charge what they please, whether results be satisfactory, or otherwise. The rest of this great army know from experience that results have been uncertain, and methods in use require any number of sittings and if everything did not turn out lucky—well, it might mean loss of an appliance, if not a patient. So—too many extractions have taken place—professional honor is at stake!



Going Fishing, CAMPING, HIKING, TOURING or GARDENING?

TAKE a box of Mercirex Soap and Cream. Good for chigoes (jiggers), sunburn, mosquito bites, ivy and other plant poisons, prickly heat, chafing, cuts, pimples, eczema—all kinds of skin troubles. Your dental dealer can supply it.

CREAM alone, 75c · SOAP, per cake, 40c
3 CAKES SOAP, \$1.00
UNIT of one jar Cream and two cakes of Soap,
in a substantial box, (value \$1.55)—\$1.25

Don't forget your MERCIREX!

[A CAULK PRODUCT]

Pulp-canal treatment has been an economical loss to the dentist, because there has been no positive therapeutic method by which even skilled operators could limit operating time, and in that manner obtain a fee commensurate with time used.

The natural conclusion, therefore, is that until there is a treatment that definitely and positively limits operating time, with assured results that leave a wide margin of future safety, dentists will avoid pulp-canal treatment to a very large extent.

Any treatment, therefore, that has been fairly tested and approved by those of unquestionable reputation, and is found to obtain such results, should be welcomed by the profession with open

arms, and they should adhere to the strictest technique in following plan of treatment.

Do Nothing Rather Than Try

Massachusetts

Disregarding the specialist in root canal therapy, the majority of general practitioners are unanimous in declaring that the treatment of putrescent pulp canals and abscessed teeth constitutes the *one function* in dentistry where no successful definite end can be pre-determined.

Owing primarily to the lack of an established method of simple application, upon which de-

pendence could be placed, the dentist has been obliged either to evade the issue entirely or to utilize materials which experience and radiographic evidence have demonstrated as generally unreliable in accomplishing a result commensurate to the necessary fee.

This prevalent tendency undermines the whole structure from a professional and economic standpoint and has been to date the real cause of the practice builder regarding this branch of work with aversion.

Inability and Lack of Confidence

Missouri

Pulp-canal treatment is not profitable for the dentist.

The principal reason given is the unwillingness of the patient to pay the fee for the time necessary for doing this work.

The dentist's inability to sell his patient root canal work for a proper fee is in many cases his lack of faith in his ability to actually deliver the goods.

To begin with the materials used were faulty, showed shrinkage, and had no permanent germicidal properties; he had no standard technique whereby he could expect definite results. Knowing this, he has gone about the filling of root canals in a half hearted way, not expecting permanent results.

Owing to the many failures in root canal work, and the general condemnation by the medical profession of the whole procedure, the dentist has decided to work along the lines of least resistance, and resort to extraction.

When a dentist has done painstaking, conscientious, root canal work, and placed an expensive restoration on these teeth, to find later that he must extract, and do the work over with great loss to himself, as well as dissatisfaction to both his patient and himself, he is justified in leaving it alone.

If it can be proven to the dentist that it is possible to so fill canals that they will remain in a healthful condition there is no doubt but that he will gladly take up this class of work.

Not Enough Confidence and Goodwill Among Dentists

Kentucky

Speaking from my own personal experience among the majority of my customers, root canal fillings are not at the present time a profitable part of dentistry. The time that should be spent to obtain good results in root fillings are neglected, because in some cases the dentists are so anxious to hold their patients that they rush through with their work to get the next one in the chair. Therefore the time that is spent on each patient does not warrant him charging a good fee. Another class of dentists who are more conscientious and do better work lack backbone to charge for their services. Then there is another class who dislike the work (especially in molars) probably because not being skillful along this particular branch, only charge accordingly, therefore making it harder for the skillful man to obtain his fee on account of the ignorance of the public who do not appreciate what he has done for them.

To sum it all up in a small space there is not enough harmony, faith, confidence and good will among the dentists, hence the low fees.

(To be Continued)

Another Farewell Appearance of The Clam-Digger's Dentifrice

By JOHN BOYLE, JR.

EVERY once in a while someone resurrects a hackneyed idea, drapes it with a solemn title and trots it out as thorough-bred science. A recent performance of this kind appeared in one of the dental journals. The subject was dentifrice and I was attracted to it by a special editorial reference;—"in the present issue we publish supporting evidence of our belief," etc. So I read the article,—twice. All I found was an old fad, dragged out of the discard, tricked out with the disguise of pseudoscience.

In this case we are supposed to become convinced once more (on argument alone, without any "evidence" whatever) that salt and water make the best dentifrice, and that all powders and pastes are injurious or useless and should therefore be taboo.

It might be possible to convince a cod fish that salt water is the ideal mouth wash, but no one with any title to the name of chemist could be so persuaded.

Bacteriologists have indeed found that common sodium chloride is an antiseptic, but a very feeble one. Any real antiseptic action in the mouth would require a solution so concentrated as to be nauseating.

The first function of a dentifrice is detergency. If salt has any properties of that sort what delays its debut in the laundry? Chemistry does not admit salt in the class of detergents. It simply does not work that way, no matter how much faith and prayer the faddist may put upon it.

The old fad for salt as a tooth cleaner is a hang-over of the grandmother-used-it variety. Its exploitation is of the kind that makes the stock in trade of the notoriety seeker who has a chronic itch to see his pet notions bodied forth in print,—a companion idea of the fad for converting civilized man to the fodder of the manger, so that, *per se*, his teeth will be preserved in a useless old age. I wonder, parenthetically, whether any of the return-to-nature faddists ever eat turkey and cranberry sauce, or roast beef and potatoes, or pig's knuckles and sauer kraut, as the rest of us do; or if they *always* practice what they preach and feed in the mule's diet-kitchen.

Any dentist will admit that *real* science has pointed out many important facts in the relation of diet, teeth and health. But, knowing these facts, the dentist then faces the obligation of their intelligible interpretation and practical application. He is wise to keep a firm hold on his facts and his common-sense and not to be rolled

(Continued on Page 9)

Relief of Sensitiveness Around Necks of Teeth In Mercitan Treatment

In those cases where extreme sensitiveness and pain follow the application of Mercitan Fluid, it is advisable to dilute the Fluid with water. In very severe cases the use of Fluid may have to be discontinued for a time.

If the painful areas are posterior, a solution of silver nitrate may be effectively applied. Owing to its discoloring effect, silver nitrate should not be used on anterior teeth.

A ninety per cent solution of phenol is indicated for sensitive areas in anterior teeth. Dry the sensitive area before applying the phenol. Take care to keep the phenol from the gums. After treating once or twice with phenol, dry with warm air and apply one or more coats of Repelac.

"Dear Sir and Patient"

(A Suggestion)

The last treatment of your gums was done three months ago.

Owing to the fact that tartar deposits form rapidly in some mouths, I would advise an examination at this time.

Wherever there is a tendency to inflamed conditions of the gums, proper care of the mouth at home is specially important, and a thorough examination every three months is a safe rule to follow.

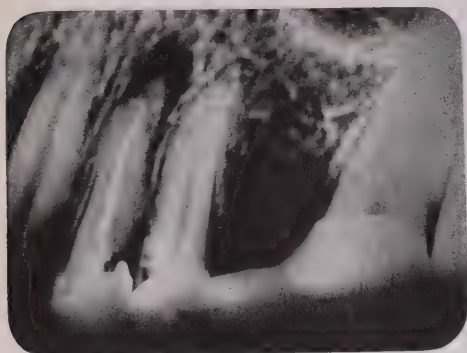
JOHN DOE, D.D.S.

Office Hours 9 to 5

Working Qualities

Your cement very much pleases me by the way it handles. Will use it henceforth for my crown and bridge work.

—Winter Park, Fla.



No. 1—August 17, 1922. Shows large radiated area about the apex of first bicuspid. Old canal fillings removed, using xylol. Putrescent odor noticeable even in presence of xylol.



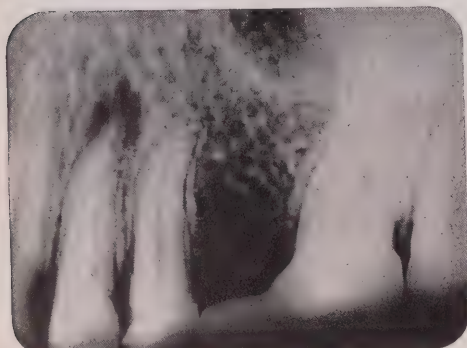
No. 2—August 17, 1922. Diagnostic wires in place. Treatment of Osogen Fluid sealed in and repeated August 19, 21, 23, 25, until tooth became comfortable with no putrescent odor.



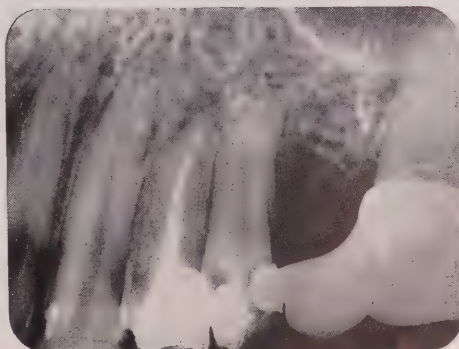
No. 3—August 25, 1922. Canal filled with plastic Osogen only.



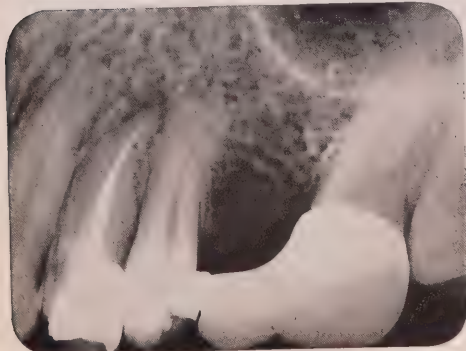
No. 4—August 25, 1922. Radiogram at same sitting as No. 3 with blunted gutta-percha cone placed in canal, imbedded in the Osogen.



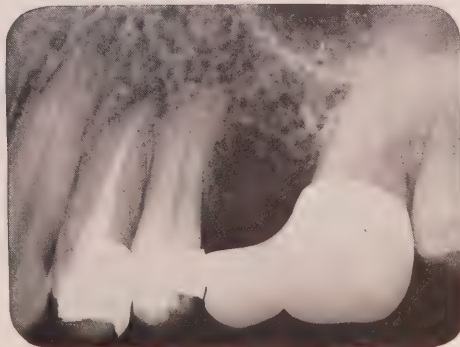
No. 5—September 13, 1922. Tooth comfortable.



No. 6—January 26, 1923. Repair about apex plainly evident but patient complained of discomfort. Cavity found in second bicuspid and filled.



No. 7—February 27, 1923. Both bicuspid teeth comfortable. Very noticeable repair about the apex of the first bicuspid.



No. 8—May 1, 1923. Both teeth comfortable.

OSC Case

THE beginning
on page 91 of
When that book
had progressed as
11 on this page.
pictures show the
taken place since
published.

The patient (presented with his
intermittently. For
gave temporary
revealed radiated area
upper left first bicuspid
treated (elsewhere
previously. Patient

At the present
comfortable, use
nently satisfactory
ator both.

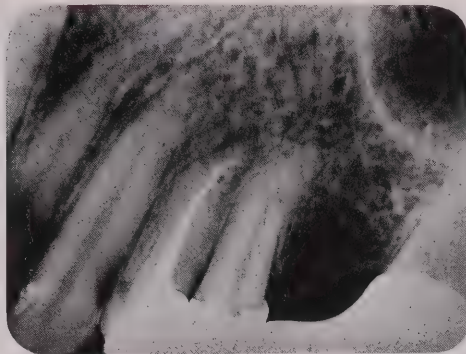
GEN

176

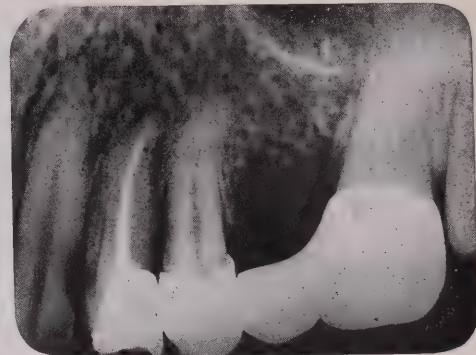
this case is reported
the Osogen book.
ent to press the case
as Radiogram No.
ne two additional
progress that has
e Osogen book was

male, age 23) pre-
y of a tooth sore
y of pus from sinus
ief. Radiogram re-
out the apex of the
pid. Tooth had been
) about two years
general health good.

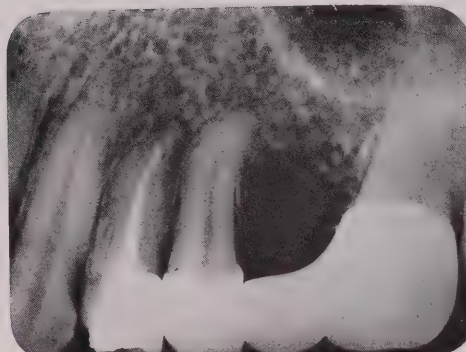
ne the tooth is solid,
a condition emi-
o patient and oper-



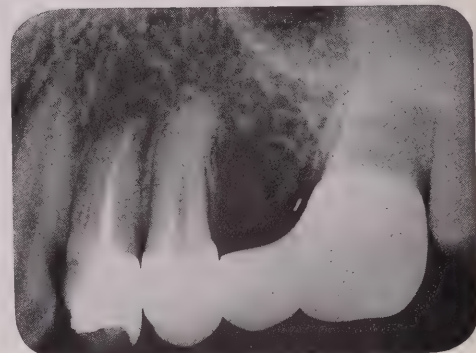
No. 9—July 9, 1923. Both teeth comfortable.



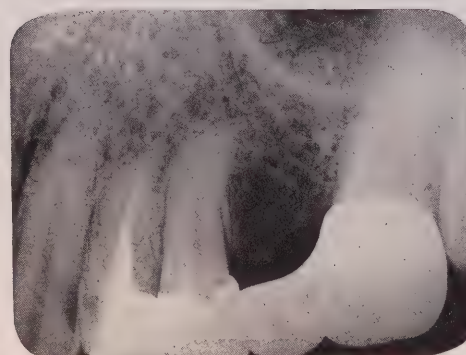
No. 10—August 29, 1923. Both teeth comfortable. Notice the progressive repair about the apex of the first bicuspid.



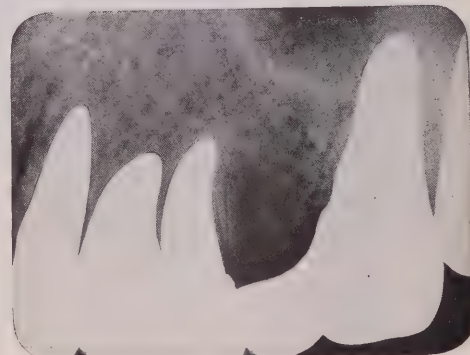
No. 11—November 10, 1923. This is the last picture published in the Osogen book, one year and three months after filling with Osogen. Teeth perfectly comfortable.



No. 12—April 1, 1924. Teeth comfortable.



No. 13—June 2, 1924. Teeth comfortable.



No. 14—Don't read the dentistry—read the periapical conditions.

Would you now advise the extraction of any of these teeth? Picture No. 14 is the same picture as No. 13, with the teeth blocked out so that you can follow the common-sense advice: "Don't read the dentistry,—read the periapical conditions."

What Can Be Done for the Oral Machine?

CHART No. 3—BY E. MELVILLE QUINBY, M. R. C. S., L. R. C. P., D. M. D., BOSTON, MASS.

Requirements of Any Machine { BUILDING UP FITTING OF PARTS CLEANING

"Parts are not to be examined before the whole has been surveyed."—SAMUEL JOHNSON

Fitting [ALIGNMENT OF PARTS] GROUP II

THEORETICAL (Educational)

- Diet of mother—A mixed diet suitable for development of skeleton and teeth.
- Malnutrition of mother may lead to { a. Actual loss of tooth germ
b. Imperfect development of tooth substance.
c. Malocclusion } of child. (CARD.)
- Look out for these early signs of malocclusion { Bogue index.
Broken arch curve.
Lack of separation in incisor region.
Deviation of median line.
Excessive over-bite.
Open bite.
Mesial—distal—anterior—posterior disturbance.

PRACTICAL

- DIET { Mother in pre-natal and nursing period—milk, leafy vegetables and fruit (*essentials*).
Child—breast-fed, weaned at 10th month, gradual addition of hard foods (*cooked*) as teeth erupt.
Keep mouth clean—wrap gauze round finger and moisten with milk of magnesia.
- Look out for and prevent { Thumb-sucking.
Finger-sucking.
Tongue-sucking.
Lip-sucking.
Pacifiers.
- Routine office work—to prevent (ODONTEXESIS) { Loss of masticating power.
Malocclusion.
Caries.
Periodontal lesions.
Nervousness.
Poor scholarship.
- FOLLOWED UP BY
Co-operation at home (*after meals*).
Dental orthopedics.
Orthodontia for { Malocclusion.
Traumatic occlusion.
Correction of traumatic occlusion by grinding teeth.
Exodontia in individual cases.

(Continued from Page 5)

about by cross currents of argument, which are too often started merely by a dabbling with toy theories and loose opinions, and not by any progressive movement of real science.

Some dentifrices and tooth cleansers undoubtedly are even less efficient and more harmful than common salt could be if used for the same purpose, but they can not *all* be bad or useless. Some are obviously good and decidedly superior to salt, from every angle of judgment. A real service will be done for dentistry when some competent investigator is able to find and demonstrate the facts about various kinds of dentifrice, based on a definite knowledge of chemical composition, physical and physiological action, and not on unsupported guesswork or personal hunches.

Meanwhile, common sense will serve to keep the profession and public alike reminded that all dentifrices can not be harmful, and that nobody but a clam-digger much in love with his work could tolerate salt as a daily mouth wash.

Barnyard diets, drug hobbies, drugless flim-flams and other fancy hallucinations can be made to appear convincing to "some of the people some of the time." But the dentist who appreciates this human weakness, recognizes also his professional duty to protect patients against self-injury as a result of too much faith in fads.

We common people, for whom the Lord is said to have demonstrated his great love by making so many of us, can easily be kept to the eating of wholesome, tasty, nutritious foods and the use of harmless, pleasant and efficient dentifrices. Common sense is the best antidote for any fad.

Different Ways to Different Ends

By Henry C. Pattison, D. D. S.

Learning the *how* is easier than explaining the *why-it-didn't*.

If you have mastered the technique of mixing zinc cement you should also know the *very different* technique for Synthetic Porcelain. There is a world of difference between Synthetic Porcelain and any zinc oxyphosphate, silicate or enamel.

With Synthetic Porcelain you *do not* have to mix *slowly* in order to prevent jumpy setting. Nor do you have to mix it *thin* in order to prevent a premature setting on the slab.

There must be a reason behind every step in the technique for any material. The printed version can have two purposes,—it can *reveal* the real reason or *conceal* it, depending on whether or not the real characteristics of the material are a fit subject for publication.



A Few Extracts

From the Booklet "Comfortable Dentures"

AN artificial denture in the mouth need not be any more troublesome than spectacles on the nose.

Everybody needs and should have at least twenty-eight clean teeth, either natural or artificial.

Not so very long ago, missing teeth had to be replaced with teeth carved from hippopotamus tusks, ivory, ox-bone; and with human teeth.

When entire sets of teeth were needed at that time they had to be operated by springs placed between the upper and lower dentures.

Crude appliances like these compared with modern dentures are no better than cowhide mits compared to kid gloves.

Very skillful and highly accurate workmanship goes into the making of an artificial denture.



Your denture has been carefully made to suit your case by the most modern technique and of the best materials for the particular purpose. It is worth at least as much care as an expensive watch.

Your part in being perfectly satisfied and happy in its use is simply to be patient and follow these instructions.

After some weeks or perhaps months another service may be required which is not included in the first fee. The gums may shrink so that the denture will feel loose. This change in the gums cannot be prevented, and as it occurs to a different extent in different mouths it cannot be provided for when the denture is made.

A denture is something like a set of dishes. Our teeth, both natural and artificial, and our mouths, need to be cleaned as often and as thoroughly as our dishes and our dining rooms.

Anything that is not fit to put into your mouth is not fit to use on your denture. Scouring powders, gritty soaps, wood ashes, pumice and similar coarse alkaline substances ruin the surface of a plate. They scratch it and make it rough. The free alkali is harmful to the rubber.

Read the complete text in the copy that will be sent to any dentist on request.

These booklets are available for distribution to patients in connection with the use of Dentu-Creme.

CAULK DENTU-CREME

[DENTURE CREAM]



Invisible At Speaking Distance

*All You Need Costs You
Nothing*

Chart for Blending De Trey's Synthetic Porcelain to Match Any Tooth on the Twentieth Century Shade Guide [DENTISTS' SUPPLY COMPANY]

T. C. SHADE	SHADES OF SYNTHETIC PORCELAIN			
1 Incisal Half.....	one part shade 2	and one part shade 9		
Neck.....	one " 4	one " 14		
2 Incisal Half.....	one " 6	one " 9		
Neck.....	one " 5	two " 14		
4 Incisal Half.....	one " 4	two " 9		
Neck.....	one " 4	one " 14		
5 Incisal Half.....	one " 2	one " 6		
Neck.....	one " 5	two " 14		
7 Incisal Half.....	one " 3	one " 14		
Neck.....	one " 5	two " 14		
8 Incisal Half.....	one " 4	one " 14		
Neck.....	one " 5	two " 14		
16 Incisal Half.....	one " 4	one " 14		
Neck.....	one " 5	two " 14		
20 Incisal Half.....	one " 4	one " 14		
Neck.....	one " 5	one " 14		
21 Incisal Half.....	one " 5	two " 14		
Neck.....	two " 5	one " 14		
23 Incisal Half.....	one " 4	one " 12		
Neck.....	one " 6	one " 13		
25 Incisal Half.....	one " 5	one " 7		
Neck.....	one " 1	one " 13		
3 Incisal Half.....	one " 2	two " 7		
Neck.....	one " 5	two " 14		
12 Incisal Half.....	one " 8	one " 14		
Neck.....	one " 5	two " 14		
18 Incisal Half.....	one " 10	two " 14		
Neck.....	one " 6	one " 13		
17 Incisal Half.....	one " 2	two " 14		
Neck.....	one " 5	two " 14		
19 Incisal Half.....	one " 4	two " 14		
Neck.....	one " 6	one " 13		
6 Incisal Half.....	one " 4	two " 7		
Neck.....	one " 5	two " 14		
10 Incisal Half.....	one " 6	one " 14		
Neck.....	one " 5	two " 14		
9 Incisal Half.....	one " 4	one " 9		
Neck.....	one " 5	two " 14		
15 Incisal Half.....	one " 6	one " 11*		
Neck.....	one " 5	one " 14		
11 Incisal Half.....	one " 6	two " 14		
Neck.....	one " 5	two " 14		
13 Incisal Half.....	one " 4	one " 10		
Neck.....	one " 5	two " 14		
14 Incisal Half.....	one " 5	two " 8		
Neck.....	one " 5	two " 14		
22 Incisal Half.....	one " 5	two " 10		
Neck.....	one " 6	one " 13		
24 Incisal Half.....	one " 4	one " 12		
Neck.....	one " 6	one " 13		

*No. 15 Incisal Half, also add one part shade 12.

In Roman type (like this) the formulas for nearly all teeth commonly encountered in practice can all be made with the eight shades 2-3-4-5-6-7-9-14.

In Italic type (like this) the formulas for the more unusual blends require the use of the six shades 1-8-10-11-12-13.

INVISIBLE is not exactly the right word. Indiscernable gives the more exact meaning. But when a patient is told that a restoration is going to be "invisible," very few will misunderstand.

Off-color work with Synthetic Porcelain is simply inexcusable.

Patients like to comment on the fillings that can not be detected. They have learned to expect that a Synthetic Porcelain restoration will never be noticed.

How to Find the Right Formula

Perfect matching of any tooth, and any part of it, is perfectly simple. For example: You decide that the incisal portion of shade 6 on the Twentieth Century (Dentsply) shade-guide is exactly the shade required.

The chart reproduced above shows that Twentieth Century shade 6 is matched by blending one part of Synthetic Porcelain Powder No. 4 with two parts No. 7.

Therefore you place on the slab a small portion of Powder No. 4 and (in a separate pile) twice as much No. 7.

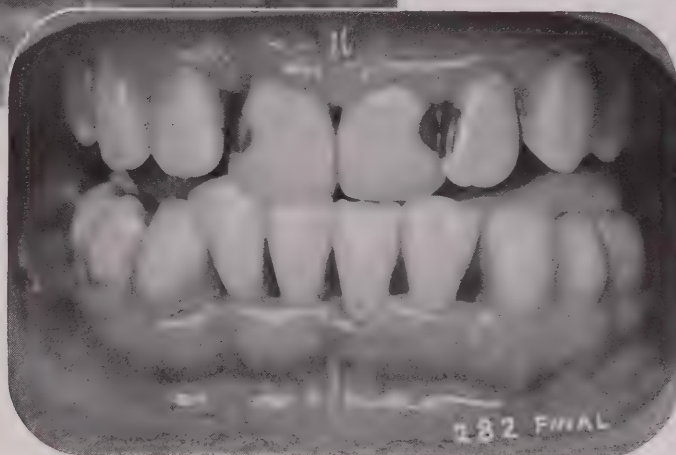
Weighing or measuring is *not* at all necessary. Simply *estimate* the quantities of powder by their appearance and bulk. (The original determinations were made by accurate measurements, but in practical work such extreme accuracy is not necessary. If the portions are estimated with reasonable care, the restoration will match the tooth so that the eye cannot detect it.)

The chart reproduced here is one of the series of four charts, corresponding to the most popular shade guides for artificial teeth. All these charts are printed in "Synthetic Porcelain Restorations" (Caulk). Dentists may obtain copies of this book free on request.

JULY 6



AUGUST 31



Eight Simple Treatments for Mercitan Case 282

JULY 6, 1923. First photograph taken. Patient complained of bleeding gums. Much serumal calculus, especially between the upper central and lateral on each side and the lower anteriors.

July 12. Teeth thoroughly scaled and polished, and Mercitan Fluid No. 2 (Strong) applied to all pockets.

July 19. Thorough inspection to locate any remaining deposits and rough surfaces. Entire mouth and individual pockets thoroughly sprayed with Mercitan Lotion. All pockets treated with Fluid No. 2.

July 25. Mouth and all pockets sprayed with Mercitan Lotion. Fluid No. 2 applied in all pockets. A poultice of Mercitan Cream placed on the labial, both of the upper and the lower, and left for five minutes. All Cream wiped away.

August 1. Mouth and pockets sprayed with Mercitan Lotion, and treated with No. 1 (Mild) Fluid and Cream No. 2 (Strong). The change to the Mild Fluid is advisable because the action of the Strong Fluid seems more vigorous than necessary for this case.

August 1, 1923 to August 22, 1923, patient unable to keep appointments because of a severe cold, but kept up the home treatment, as directed, thereby maintaining the improvement already accomplished. August 22, treated with Fluid No. 1 and Cream No. 2.

August 27. Treated with Cream No. 1.

August 31, 1923. Last photograph taken. Teeth are solid, gums hard and firm, do not bleed and are growing in closely about the teeth.

Repelac for Broken Egg

A letter from Kansas brings the information that a farmer reported hatching a turkey from a broken egg, when ordinarily such a feat would be impossible.

When he was ready to set the hen he noticed that one of the eggs had a large crack in it and as the setting had been bought at a considerable expense, he was loath to lose it. He covered the crack with

Repelac and put the egg with the others under the hen. It was hatched and produced one of the best and strongest turkeys in the lot.

Yes, Indeed!

Have been perfectly satisfied with Caulk's Cements for the last fifteen years. That's good enough, is it not?

—Nebraska

1547

Illinois

The dental profession certainly should appreciate your interest in following up your Mercitan customers and giving them all the encouragement and instruction possible. It's worth while doing business with such a concern.

1559

New York

Am using Mercitan treatment for the past six months and find it very satisfactory. I have a technique peculiar to myself, not in the application of Mercitan, but in the preliminary treatment, the combination of both working very advantageously.

1560

Nebraska

Using Mercitan, I have been very successful in two cases that had not made a great deal of progress with three other treatments now on the market; so of course feel kindly towards Mercitan.

1563

Tennessee

I am having fine results with Mercitan. There is nothing like it and I have given it a thorough trial.

1567

Pennsylvania

Being entirely satisfied with the results, I have not written you relative to Mercitan. Words can not adequately express in just what regard I hold Mercitan. The results have been better than I expected, and with the addition of the latest equipment the operation will be more effective. Mercitan, like everything else made and bearing Caulk's name, is par excellence, and I am always waiting for you to put something new on the market. Never yet have I been displeased with any of your products. I congratulate you.

1568

Delaware

Have hesitated about rendering any opinion until such time as I could be absolutely sure. That time is past and if one is thorough in working with Mercitan the results are all that you claim.

1571

Virginia

I have had wonderful results from Mercitan use and am treating many cases of pyorrhea now with splendid effect.

1572

Michigan

I am certainly pleased and am obtaining every satisfaction with your treatment. The book of letters shows what we are all finding out through trial, that we have a remedy worth while, and proud to have in a most prominent place in our office.



© Photo by Anne Shriber



Another Real Test -

DURING the mid-summer of 1923 Milford had an epidemic of intestinal fever among infants.

✧ The usual treatment with salol, bismuth, calomel, etc. did not succeed. Hemorrhages continued. The children grew weaker and continued to lose weight.

✧ One of the physicians asked the Caulk Bacteriological Department to identify the organism which might be causing the trouble. This was not considered practicable. The children might have died before such work could have been done.

✧ After consultation, the physician prescribed one teaspoonful of MERCITAN LOTION in three teaspoonfuls of water four times a day. In twenty-four hours the children so treated began to brighten up.

✧ Other physicians adopted the same treatment with similar success. All cases were well out of danger in one week. In two or three weeks all were cured.

✧ The prompt effects in this unusual employment are owing to the non-irritating, stimulating, antiseptic action of Mercitan Lotion on mucous membranes.

✧ In the mouth it combines real germicidal action, healthful stimulation of tissues, just enough astringency, with a delightful bouquet and a refreshing taste that says "Come again!"

✧ Indicated for spray at the chair; for home use between treatments, for relief and healing after extraction or other operative work; and as a part of the daily routine of health and cleanliness.

✧ The Professional rates are attractive. We also supply 2 oz. bottles with "prescription style" labels, either plain or with professional name and address.

Write for Special Offer.

MERCITAN Mouth & Throat LOTION

A CAULK PRODUCT

Printed in Canada, The L. D. CAULK Co., OF CANADA, LIMITED, 172 John Street, Toronto.

SOUTHAM PRESS, LIMITED
TORONTO AND MONTREAL

British Bacteriologist Confirms Tests on Osogen

THIS EDITION 72,000 COPIES

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

CANADIAN EDITION

MILFORD NEWS

NUMBER

35

AUGUST 1924



© Photo by Anne Shriber

How Brer Rabbit Does His Duty

Some of the Underestimated Arts

Seeing Ourselves as Others See Us (Continued)

Keeping Everlastingly at it Brings—?

By Marcus Strong in "The Paper Book"

You said it—nervous prostration! It is a wise man who knows when to kick his feet free from the stirrups and slip out of the saddle. There is no virtue in driving yourself until you fall in your tracks. Knowing when to let up, or let go, or let down is the measure of a master mind. Any fool can plug along until he butts his head up against a terminus.

So-called schools of success always plaster the plugger with praise and consign the quitter to outer darkness. "Keeping everlastingly at it," they assure the neophyte, "brings success."

Balderdash! likewise, pish! Keeping everlastingly at it does not bring success to misdirected energy. The business in hand, whether it be a profession or some more prosaic pursuit, will very soon show whether or not it is routed in the right direction. To ignore the stop signal, and to persevere is to invite severe penalties.

In business, the hardest lesson to learn is to quit, take a loss and close up the account. The experienced man knows that it is easier to launch a new enterprise than to resurrect a dead one; yet he will often hang on to a sinking ship, hoping against better judgment to keep it afloat, until he is engulfed too deeply to swim out.

Persistence is not the alpha and omega of human accomplishment. There are times when a flash of inspiration is more illuminating than the steady fire of purpose.

Let us not decry stick-to-itiveness. It is good dope as long as it is thoroughly mixed with common sense. But undiluted, it is the cause of many physical and financial failures. Like the energetic mole, the simon-pure plugger is somewhat in the dark as to his progress and destination, but he is quite satisfied to know that he is on his way. Plugging is no good without planning.

The Cost of Dental Supplies

By V. E. R. Milcroy

The dental supply business does not have to support any jobbers. All its transactions are done by the shortest *practical* route—maker to dealer to consumer.

In contrast to this, look at the situation in other businesses where the middlemen thrive. For example, the president of a large knitting company recently told (in a business magazine) how a garment sold by the mill for \$1.00 is marked to \$1.38 by the jobber and to \$2.98 by the retailer, yet, in this combination only the retailer performs any direct service to the consumer.

The limited demand for materials used in any profession,—whether architecture,

music, or dentistry,—makes the cost higher than if a large demand warranted large production. Fortunately for the dentist, even though his limited demand precludes the most economical production, there is no middleman to wedge the price up. The manufacturer supplies the goods, and the retail depots carry the stock, make the delivery, keep the books and sometimes wait very patiently for the money.

The Complete Assistant

By Henry E. Muchmore

*She ain't in love with housework,
Fer sewin' nor fer books.
She never had no wealthy dad,
An' ain't much on the looks.
When flin' them there 'pintment cards
She mixes 'em fer fair,
But honest son, she takes the bun
Around a dental chair.*

*She ain't jest what a body'd call
An intellectshul maid;
Her early eddication was
Neglected I'm afraid.
If salesmen try to flirt with her
They get the icy stare;
But you should see her work, be gee!
Around the dental chair.*

*Her ettiket is on the blink;
Her lingo's on the bum.
She thinks her teeth was only made
For chewin' chawin' gum.
Doc says "she's no use at the phone"
An' he "don't want her there,"
But hevings Mag! ain't she the rag
Around the dental chair?*

Freedom and Innocence

FOR any magazine to be editorially as independent as a mountain goat and fresh as young lettuce, it needs to be tied by the fewest number of strings. Where he is balanced on a nice neutral point between the subscribers on one end and the advertisers on the other, any editor can be excused if he sits quiet and keeps his pen in the potato, and shuns the unconventional.

When any reader of Milford News finds in it something free-and-easy, peculiar, pert, unbuttoned or unblushing, as compared with conventional writing on dental subjects, it is because Milford News enjoys the freedom of being the unabashed house-organ of The L. D. Caulk Company, responsible only to *one* source of ideals and *one* financial interest; and also because the readers of Milford News are not addressed as walking diplomas framed in walnut, but as honest-to-goodness humans that live, read, think, and practice their profession at 98 2-5 degrees F.

How to Handle Critics

From the Treasure Chest

In my younger days, when I had less control of my Irish temper than I have now, I enjoyed nothing more than a fight with a critic. If anyone was nasty about objecting to what I said or did, I was foolish enough to enter into a jawing match. Nowadays I'm more like the fellow who was asked:

"Did you ever have any exciting experiences?"

"About twenty years ago," said the brisk promoter, "I was ordered to leave a Western town by a notorious two-gun man who didn't like the cut of my clothes."

"You are still alive. I suppose you left?"

"No, I bought him a couple of drinks and sold him the suit."

Corra Harris says, "A real vacation is a time when you rest from what you have been and become what you want to be."

Both, Constantly

Caulk's Crown & Bridge Cement, also Synthetic Porcelain are both in constant use in our office. Thank you for good products.—*Chicago, Ill.*

1

Slab square with edge of table. Everything clean. Powder put out.

2

Liquid dropped on other end of slab.

3

Powder divided into eight portions.

4

First portion of Powder (a small one) added to Liquid. Note the attitude,—the mixing arm free to move,—not cramped against the body.

5

First portion thoroughly mixed in. Deliberate thoroughness is essential at this point.

Even This is an Art

A dress necktie is not much more than a piece of tape to fasten in a bow-knot,—a very simple operation. But look at any half-dozen men in evening dress! How many men, think you, disdain the practice of such a simple knack, and either depend on wifely skill or suffer the embarrassment of their own shortcomings.

By way of contrast, consider another art not so familiar as scarf-tying.

Rock blasting, in the prevailing belief,



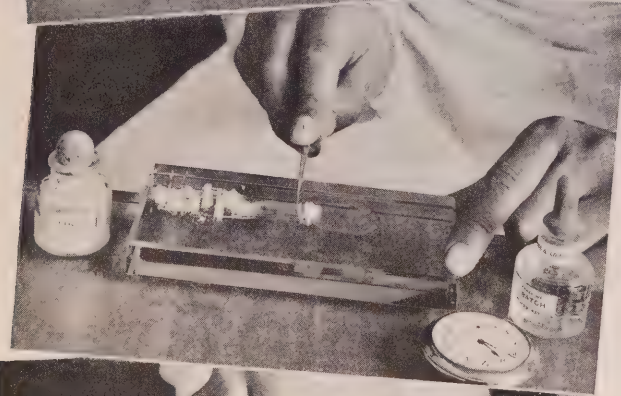
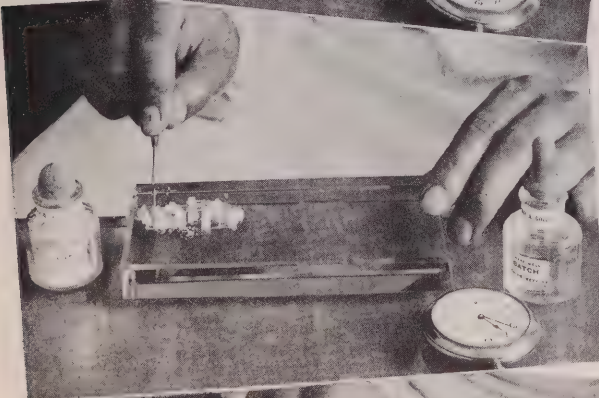
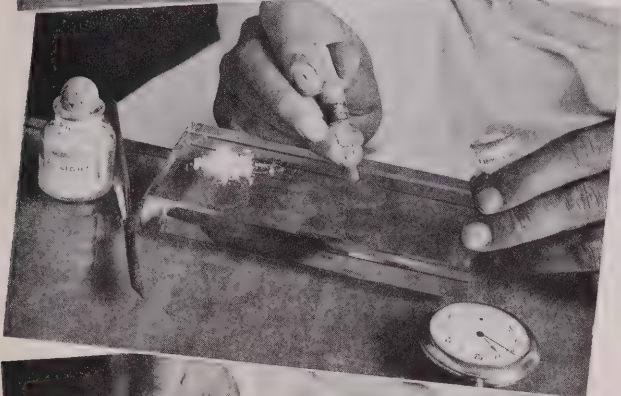
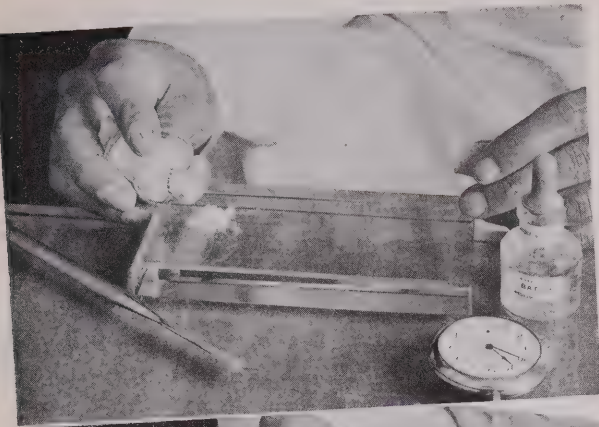
consists of drilling a hole, stuffing it with dynamite, retiring to a safe distance while the flashing spark causes a loud roar and a scattering of rocks and dust in all directions.

This sounds very simple, (and if that were all, it would be simple), but as a matter of fact the breaking of great rocky masses can not be done successfully by any one except a highly skilled and intelligent blaster.

To begin with, good judgment and experience are necessary. Important factors that enter into the problem are the hardness and stratification of the rock; the character of excavation required; the



One of the underestimated arts
The accomplished blaster



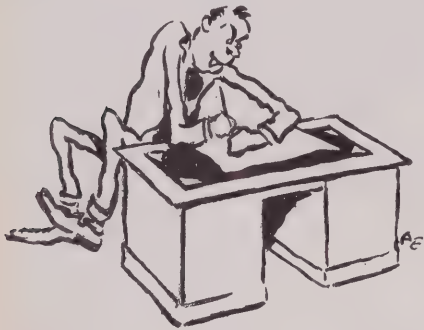
equipment for drilling; and the qualities and amounts of explosives.

In all construction work today, an effort is made to obtain the greatest results at the smallest cost. The rock-blaster tries to loosen as much rock as possible per pound of explosive. It is also his problem to keep the rocks from being blown too far. Expert blasters are able to fire off hundreds of pounds of explosives at once and shatter large masses of rocks into small pieces, at the same time barely lifting the rocks off the ground.

Sometimes the blaster must know how to loosen and break a hillside of stone and still leave the rock in massive lumps suitable for building blocks.

Obviously, the use of these explosives to loosen and break great quantities of rock into uniform masses, of a desired size, without danger to the neighborhood, and even without lifting the rocks too far, is a problem which requires much study and technical skill.

Recently there was a famous operation of this kind in a Canadian town. Two hun-



When a man sits like this, his handwriting gets the cramps

dred thousand tons of rock were lifted and scattered by the explosion of one discharge of thirty tons of dynamite. No part of the rock was thrown more than one hundred feet. Almost all of it was broken small enough to enter a 48-by 60-inch crusher, and left in convenient position for handling at the minimum cost.

Experts estimated that a charge of explosives ten per cent less would not have shattered the rock, and ten per cent more would have lost much of the material by throwing it into a nearby swamp.

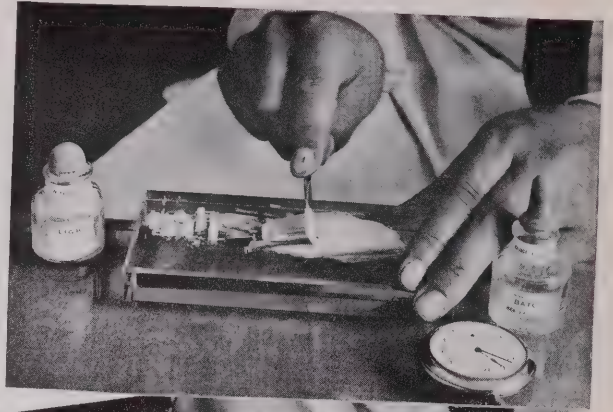
So much for blasting, which has nothing to do with the pictures that accompany



The Spencerian writer's attitude gives freedom to his arm

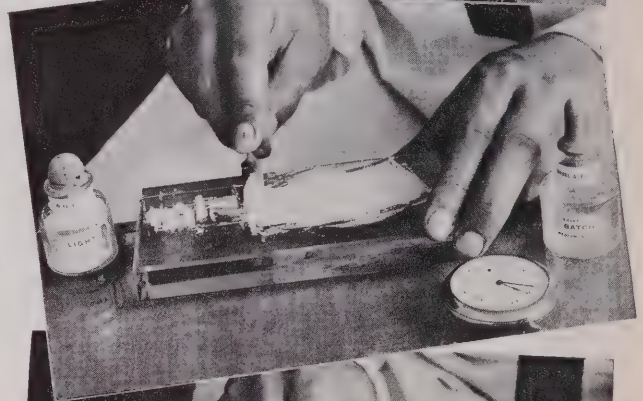
6

Second portion brought in and spatulated.



7

Third portion added in same way and mix spread out to show freedom from lumps, with no Powder uncombined.



8

Mix gathered up on spatula and "rolled off" again.



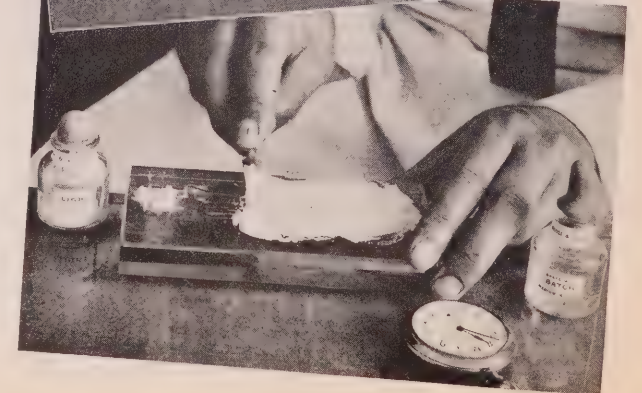
9

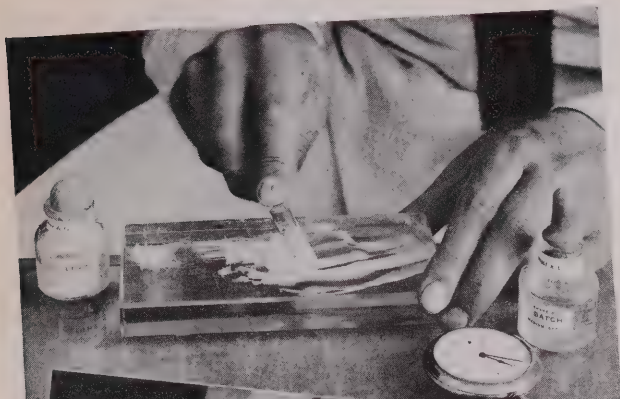
Fourth portion mixed in.



10

Fifth portion added. Whole mix spread out again with heavy pressure, for thorough mixing and inspection.





11

Slab again cleaned up and mix rolled off of spatula in one mass.



12

Next to the last portion mixed and spread out.



13

All Powder added. The mix thoroughly and vigorously spatulated. If you want slower setting leave the mix spread out on the slab. If more rapid setting is desired, gather the mix in a mass. Cement sets faster in bulk and slower in thin layers.

this article, except to show by analogy that the mixing of a dental cement is an art that need not be despised and ignored simply because it *seems* as though it might be done handily by any one, without experience or instruction.

Don't you believe it! Mixing a dental cement is an art, and one that pays its way in dental practice.

Only too often the mixing of cement for the dental operation is left to an assistant who may have no interest in the chemical reactions that are so important to the results required in the mouth.

Inlays and three-quarter crown attachments can not be any stronger than their cement foundations. Failure of inlays at the gingiva is not a rare occurrence, and the trouble is seldom traced to its real cause,—careless mixing of cement.

Plenty of working time between the completion of the mix and the setting of the inlay is essential if a hasty fumbling is to be avoided.

Some dentists wrongly attempt to gain time by making the mix too thin. What they really produce is a weak cement with a honeycomb structure which absorbs saliva and eventually disintegrates. This is the kind of cement that greets us with a putrescent odor when we take off an old gold crown. Besides the multiplicity of variations that arise out of the personal equation, four main items have to be considered in mixing cement,—the slab, the spatula, the liquid, and the powder. The slab should be big enough and thick enough for a firm hold with the left hand, with surface enough for thorough spatulation and bulk enough to control the heat of re-action. The temperature of the slab

Cementing Troubles Diagnosed

IF cement goes into the mouth too hot and hurts the patient, the mixing was only half done, too much powder was added at one time and not thoroughly spatulated.

If (Caulk) cement is ever porous after setting, the mixing was deficient and sketchy.

If (Caulk) cement sets too slow, the mix was too thin or the slab too cold.

If (Caulk) cement sets too fast, the mix was hurried too much, was made too thick, or the slab was hot.

In warm weather chill the slab to retard setting, vice versa in winter. 65° to 75° F. is the ideal slab temperature.

Take about two minutes to make a mix—never less than a minute-and-a-half. Deliberation insures a smooth, well-balanced mix.

Don't be fooled about setting-time. There is no relation between setting-time on the *slab* and setting-time in the *mouth*. Caulk cement remains plastic three times longer on the slab than under a crown.

Don't begin the mix with a *large* addition of powder. Too much powder in the first contact with liquid sets up a violent reaction, causes heating, thickens the mix, reduces the amount of powder that can be incorporated afterward, and so helps to weaken the cement.

A feeble, perfunctory mix can never be a good one. Hold the slab firmly. Work with a free arm at right angles to the mixing space. Use practically all the surface of a large slab. Put pressure on the spatula.

Dividing the powder guards against sudden additions of large amounts.

More powder goes into the mix when the additions are small and each one well spatulated.

The correct mixing (of Caulk Cement) gives plenty of working-time, long plasticity on the slab; prompt setting in the mouth; fine, dense, vitreous texture; freedom from penetration and washing out; with plenty of strength to stand up under mastication.

should be neither too hot nor too cold. 65° to 75° F. is ideal.

The spatula should be stiff and oval, not flexible or flat. A firm pressure is required in mixing. A rigid spatula makes

Spatulate vigorously with plenty of pressure. Streaks of clean slab should be seen through the mix.

The right consistency for crown and bridge work (with Caulk Cement) is shown when the mix will *not drop* from the spatula but forms a long, slow, continuous thread from the lifted spatula to the slab.

How Do You Get the Consistency You Want?

Some operators make a quick mix and then spatulate the whole mass until it thickens. This is wrong because it permits the initial setting to take place on the slab, and consequently robs the operator of the working time that he needs.

The right way is to incorporate the powder a little at a time, until the required consistency is obtained,—not by the lapse of time, but by gradual addition of powder.

An inlay cemented with such a mix can be easily forced to place and will not rise from its seat when pressure is released.

How often do you have to hold the inlay in place with sustained pressure in order to prevent its outward displacement while the cement is setting? When such a procedure is necessary, you may be quite sure that the mix has been made too rapidly. It is air in the mix which expands under heat and pushes the inlay out.

Mix Thick For Linings

For lining cavities, make the mix thicker rather than thinner. The thick

mix can be easily placed with a small serrated plugger and packed with a plastic instrument. A thin mix increases the danger of chemical irritation by phosphoric acid.



Between acid and base the first round is the hardest

the smoothest mix. If the spatula is thin and flat the cement will flow over it, instead of under, during spatulation.

Once in a while during the mixing, the cement should be spread over a large portion of the slab. This helps to control the reaction between powder and liquid, prevents excessive heat generation and also exposes the texture to inspection.

One of the most important factors in good mixing is to mix slowly.

Slow mixing gives time for a complete, uniform chemical reaction to take place between powder and liquid, instead of the violent, incomplete combination that results from a scrambled mix.

Take plenty of time,—especially with the first addition of powder, and make this first addition a *small* one. In this first contact of powder and liquid they take most of the “fight” out of each other.



After the battle,—two become one

Trouble comes to many operators because they consider cement mixing as simple as making mud-pies. The mere fact that powder and liquid *can* be shuffled together does *not mean* that the cement is really mixed, in the dental sense. Cement mixing is a chemical process. When once learned the right way it becomes fascinating instead of annoying. It is one of the end operations in dental practice, and a most important one from the standpoint of durability and prevention of comebacks.

The art of correct mixing is not difficult to learn, and the small effort required to learn it correctly is well repaid in the superior results.



Caulk Casting Wax In Two Forms, Cones For Inlay Work and Thin Sheets For Saddles and Similar Pieces
All Caulk Casting Wax Carves Cleanly and Burns without Residue

Backfires

Metallic oxides are all right in paint but all wrong in dental alloy or mercury.

Evaporation of water pleases the wash lady who has filled the clothes line, but it plays havoc if you let it work on your "Synthetic" liquid.

Correct mixing is useless to those who don't care how long their cementation or filling work is going to last.

Getting Quick Results In Pyorrhea Treatment

1573 *Virginia*

I am now and have been using Mercitan since you sent the original package, and beg to state that if the technique is faithfully carried out, one is bound to obtain favorable results.

1575 *New York*

Have used Mercitan on a number of cases and the results are very gratifying—it works like magic.

1576 *New York*

I have written you once before what I think of Mercitan. I again repeat I think it is wonderful and would never like to be without it.

1579 *Pennsylvania*

I have been using Mercitan since its introduction and think it is a very efficient product. I do not treat advanced cases in my practice but have cleared up some cases that were farther advanced than I usually accept and had pleasing results. The Stellite instruments are just the thing.

1581 *New York*

Still using Mercitan with the same success. It is O. K.

1585 *Pennsylvania*

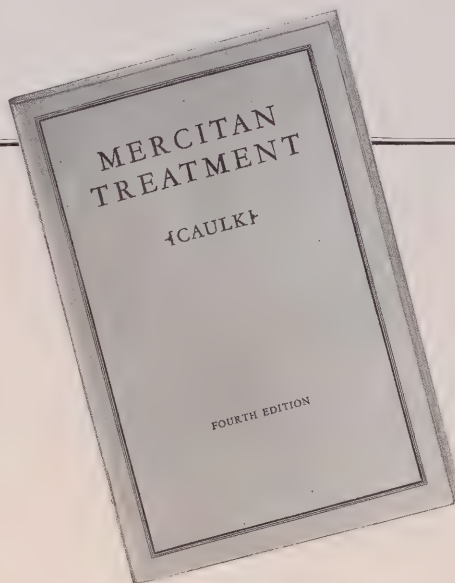
I have previously written and told you of my good results with Mercitan; however, it can do no harm to repeat the fact that this product has always given greater results than anticipated in each case of use.

1586 *Pennsylvania*

I beg to advise that I have used Mercitan in treating a number of pyorrhea cases and where results were at all possible, I have been able to get them, and a big part of the credit is due to the great healing and antiseptic qualities of Mercitan.

CONTENTS

	Page		Page
What Is the Meaning of "Cure"?	5	How Long Between Treatments?	54
What Mercitan Is	9	How to Prepare and Use the Tampons	56
Pyorrhea Treatment a Profitable Part of Daily Practice	13	Hemorrhage of the Gums	57
Brief Analysis of Mercitan Qualities	14	How to Treat Hypersensitive Teeth	57
Five Germ-Killing, Penetrating and Cell-Stimulating Tests of Mercitan	15	Treatment of Trench Mouth	59
General Considerations	29	Technique for Injecto-gun and Celluloid Injectors	61
The Pharmacology of Mercitan	30	Notes on Diagnosis	65
Description of Mercitan Treatment Unit	33	Common Causes	66
General Procedure of Treatment	39	General Principles of Diagnosis	67
Ten Good Rules for Auxiliary Treatment	40	Color of Tissues	68
Each Tooth a Law Unto Itself	41	Density of the Gums	69
Some Important Points in Treatment	42	Calculus or Tartar	69
General Directions	43	Attachment of the Gums	71
Beware of Overtreating	44	Loose Teeth	71
Instructions to Patient	45	Pus	72
Finish Scaling Before the Pocket Closes	46	Bacteria	72
Splints	51	Retraction of the Gums	73
Mer Dentifrice	52	General Conditions	73
General Hints on Variation of Treatment to Suit Different Conditions	54	Contributing Systemic Causes	73
		Radiographs	74
		General Rules for Scaling, Smoothing and Polishing	75
		Surface Stains	76
		Plaques and Films	76
		Smoothing and Polishing	77



Have You
Asked For
Your Copy?

1587 *New York*

Allow me to say that I have found Mercitan very satisfactory for the treatment of pyorrhea and kindred gum disorders. I can frankly state that I have gotten far better results with it than I have with my former method of treatment.

1588 *New York*

It may be of interest to you to know that in one case in particular I have had

astonishing results. Man about 60 reported with severe pain of a lower first molar,—tooth loose and pyorrhetic, with roots almost half exposed. I suggested immediate extraction to give patient relief. This tooth, playing a very important part in mastication of his food, he pleaded with me to save it. Two days after the first treatment I was surprised to see the results—tooth tightened and exuded no more pus.



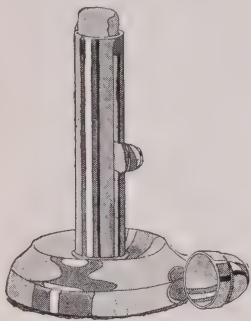
One Minute to Protect a Pulp

WHEN the natural protection of the pulp is lost through deep decay or accidental exposure, THYMOZIN, placed under any kind of filling material, will give all necessary protection against pressure, acid irritation, and thermal shock,—plus anti-septic and sedative action. The entire procedure is done in a minute or less.



The Acid-Proof Barrier

CAULK REPELAC resists all medicaments, antiseptics, water solutions of acids or alkalies and other chemicals commonly used in dental practice. The dried film is tough, flexible, adherent, acid-proof, non-contracting and anti-septic. The combination package includes a bottle of Solvent.



To Prevent "Butter-Fingers"

WHEN a box of cocoa-butter is kept in a drawer of the cabinet the package soon becomes greasy, or if the sticks themselves are kept in a drawer they sometimes put grease on the wood and pick up dust and dirt. The Caulk COCOA-BUTTER HOLDER is a nickel-plated tube mounted on a heavy base that will not tip over, and fitted with a slide that keeps just a little cocoa-butter projecting, always ready for use without being touched by fingers. A cap keeps the dust off.

Keeping the Denture Patient Well Satisfied

ANY rough tartar, unclean deposits, or unpleasant odor about a denture makes it just so much less satisfactory.

Nothing else removes hard and soft deposits, deodorizes and polishes so quickly as Caulk Dentu-Creme, and it has the important virtue of doing this without any damage to the denture.

The necessary instruction to the denture patient is too often neglected, because the busy man finds the story too long to tell in person.

The most effective way is to have the patient read your advice at home.

The booklet "Comfortable Dentures" supplies just the information you would give if you had time.

A small part of this booklet is given to the importance of proper cleaning.

All the rest is concerned with the strictly professional advice in denture cases, and the effect is to help the patient to be comfortable and well satisfied.

A specimen copy of "Comfortable Dentures" will be sent free on request, with an interesting proposition on

Caulk DENTU- CREME [DENTURE CREAM]



British Bacteriologist Confirms Tests on Osogen

"THERE has been some talk here on Osogen," writes a dentist of London, England. "It came up the other night at a meeting of the American Dental Society of London. Clinically, since I started to use Osogen I have lost only one tooth. A Canadian here, who is attached, as a bacteriologist, to the Royal Institute of Public Health, was in my office. I gave him some of the Osogen and your book and told him to let me know if he could get the same results as the pictures in the book show. He has done this, and told me last

week that he made eleven plates and two control plates, and all the experiments he made proved the corresponding claims in the Osogen book.

"This will not prove anything to you, as you had no doubts of the claims of the book, and I had not either, but it will help in discussing, to say a bacteriologist who has no interest in dentistry says that the claims of the book are O.K.

"Milford News came yesterday and I want to thank you for sending it and the Caulk Co. for publishing it."



Brer Rabbit Does His Duty in the Bacteriological Routine

THE patient may have arthritis, and the dental radiograms may indicate a periapical lesion. If so, cultures are taken from the pulp canal,—as many as fifteen or eighteen in some cases,—at different depths. Primary cultures are then grown in dextrose brain broth medium. After forty-eight hours incubation a pure culture so obtained is inoculated into several rabbits, intravenously.

The rabbits, quite sensibly, show little concern in the matter. They have no focal infection theories to frighten them to death, and fatalities following such inoculations are quite the exception, contrary to general opinion.

Photos taken in the Caulk Research Laboratories

The tube at the left shows a sub-culture of the injected organism,—in this instance streptococci,—in Hitchens 0.1 per cent dextroseagar.

Skin Troubles

I have used two boxes of your Mercirex and it has done lots of good—more good than anything else that I have tried.

—Germantown, Pa.

I have found very good satisfaction in Mercirex for pimples and blackheads. It has helped me greatly.

—Conshohocken, Pa.

I had a kind of eczema for a couple of years and where other remedies have failed, yours give me great relief. Thank you very much. I would warmly recommend it to anyone.—Philadelphia, Pa.

I am pleased to say that the sore that has given me trouble is healing rapidly, and looks very near all right. I am using another jar of your Mercirex. It is good.

—Philadelphia, Pa.

After using Mercirex a little over two weeks, it has stopped all the itching, taken away most of the eruption on my face and decidedly relieving the redness.

Philadelphia, Pa.



Order from dental
supply dealers or
drug stores

I don't know what more to say, but your Mercirex treatment has done wonders for me and I am getting along all right. My skin is healing just fine.

—Colp, Ill.

I had been a sufferer from eczema and until I tried your Mercirex never found anything that gave a permanent relief. I shall recommend it to friends.

—York, Pa.

I obtained such satisfactory results from your Mercirex that I have recommended it to a number of people.

—Philadelphia, Pa.

I cannot think of any word that will express how much I appreciate Mercirex. My case was only a mild one, but in one week's time I am practically cured.

—Germantown, Pa.

Three prizes of a hundred dollars each were offered recently to all dental supply salesmen in the United States and Canada for the best answers to three questions in relation to pulp-canal treatment and Osogenation. The first and third questions are not of direct professional interest. But the second question brought answers giving some vivid pictures of the ECONOMIC reasons why the saving of pulpless and infected teeth has been neglected in general practice.

The following text continues some of the most interesting answers. The series began in Milford News, No. 34. The names of the writers are omitted so as to prevent any personal criticism that might result from disagreement by the reader.

Seeing Ourselves As Others See Us

(Continued)

Afraid to Tackle the Job Alabama

For the past six or seven years dentists of this territory have admitted they do not make money on root canal work. In fact, for four or five years comparatively little of this work has been done in the South.

Dentists lately have seemed to be groping in the dark about this work. They have been afraid to do it, mainly on account of the radical element in the profession which has advised the extraction of every tooth that is at all diseased. Then, too, the medical profession's attitude, has caused many good dentists to quit the work entirely.

The X-ray also has been the cause of many dentists giving up pulp-canal work, and it shows up the improperly or partially filled roots in teeth that were supposed to be carefully and completely filled.

Another thing, I believe, is the lack of the X-ray. If for any reason a good operator and conscientious dentist is not situated so that he can have an X-ray; or, if he feels that his practice does not justify it, he had rather not do root work than to take the chance of doing it inefficiently.

Still another reason: Up to the present time there has been no really satisfactory root canal filling material known to the average dentist. He tries everything suggested by the so-called experts and has a lot of work to do over, or has to extract the tooth where the root filling was a failure and consequently his fee is very small for the time spent on most cases.

The facts stated above are so apparent, I do not believe that dentists in our section of the country consider the treatment of pulp-canals as profitable practice.

During several years of intimate business relation with over a hundred dentists in my territory, I have noticed the gradual tendency toward artificial restorations and can attribute it to one thing only, namely, the generally unsatisfactory results obtained by pulp-canal treatment.

Witness the frantic response of the profession to every new so-called Pulp Preserver, Pulp Protector

or Mummifier that holds out the least ray of hope for relief from pulp and root-canal troubles.

Dozens of times my men have said, "What's the use—treat and fill a canal and you do it all over again in a short while, same old infected area, same old tedious job and with it all a man is never sure of the results."

And I couldn't blame them—could you?

No—emphatically NO, pulp-canal treatment has not been profitable simply because the man who has not confidence in the final result of his work has not the conscience to ask a fee commensurate with good work.

Surely the saving of a natural tooth is worth far more to the patient than the substitution or near duplication of it and why should not the dentist charge a fee far greater for saving than for destroying that which nature gave us?

Patients Don't Appreciate New York

To majority of dentists, root canal treatment has been a "bugbear" and unprofitable. The busy and successful "cash" dentist uses forceps and "builds" bridges. This condition will prevail until further education of laity and consequent appreciation of dental service.

Let us hope Osogen will materially assist in clarifying the situation.

A Producer of Gray Hairs Massachusetts

This has been characterized by a prominent New England dentist as "the great big liability in dentistry." It has been, and still is, for that matter unsatisfactory, non-productive, a financial loss, and a producer of gray hairs to all but a minority who are able to get a proper recompense for their time on such work.

A dentist friend of mine told me some time ago of a treatment case. It involved an upper first molar, which he and his patient were anxious to save. After twenty-one "treatments" the tooth was extracted. For the time spent on this case, about ten hours all told—what did the doctor get? Three dollars for the extraction, and figured he

was lucky to get more than two. Of course this is an extreme case, but we all know of cases involving up to a dozen "treatments" which wind up the same way.

If it is possible with Osogen, and the evidence seems to show that it is, to reduce this uncertain quantity to two treatments only, it will be to my mind one of the great lighthouses of hope standing in the sight of thousands of dentists who have been struggling under a burden, and the light brings the cheering message that pulpless teeth can be saved at a profit instead of extracted at a loss.

The Dentist Loses the Fee Because the Patient Loses the Tooth

New York

The condition of pulp-canal treatment as I see it in my territory is this:

The treatment of acute cases is being done by a great many men with some success. Chronic cases are being treated by most men with a pair of forceps. The reason for this is this. Some men have conscientiously tried to save putrescent teeth but the materials, that have been available prior to Osogen, have been of such uncertain value, and the methods used in their application have been so tedious, that to obtain any degree of success, so much time was consumed that in the end the dentist was unable to get a fee large enough to pay him for the time spent. The result has been that many teeth have been extracted that might have been saved by Osogen. So the patients have lost their teeth and the dental profession has lost what might have been a considerable addition to the yearly income. In addition to this, because of the inability of the dentist to get rid of this infec-

This Was the Question And the Prize Offer

\$100.00 for the best statement on the true condition of pulp-canal treatment as an economic factor in dental practice. In other words, are treatments a profitable part of practice among your customers? If not, why not? Don't guess. Don't exaggerate. State the facts as you know them.

tion, the medical man has gone over the head of the dentist to the patient and ordered the wholesale extraction of teeth that might have been saved. This move by the medical profession has not helped the standing of the dentist with the patient. So you see we have had not only a loss of dollars and cents, but a loss of teeth by the patient and a loss of professional standing by the dentists.

Render a Real Service and the Fee Will Take Care of Itself

In pulp canal treatment it is to my mind not a question of how much money a dentist can make filling pulp canals but what service can be rendered. A dentist has a patient coming to him with a tooth that could be saved if treated. If it should be an anterior tooth it would be well to save this

tooth from the standpoint of looks; if it should be a posterior, or an anterior as well, many cases come where if the tooth were saved, it would serve as an abutment for a bridge or a crown, etc. In both cases you have rendered your patient service and in turn you are paid for service rendered.

To get a fee for pulp canal work it is a case of selling your service.

All we have been reading in dental as well as public literature for the past three years is "pull your teeth and get well."

An article in a recent issue of a dental magazine, by Dr. Fitzpatrick covers this subject very well. He says in his article that we must learn to concern ourselves with the essentials; we must give up the blow-pipe and take up book; we must forget about moulds, and think of the microscope; we must lay down our scrapers and study our science.

The treatment of pulp canals covers a wide area. About the first thing you hear from a dentist when you start to talk about pulp canal work is that they can't get a fee for this type of work. You must stop and consider that there is a great deal of difference between dentists. Dentists that you have called on for years that know you and that can tell from your conversation whether you yourself are sold on this proposition or not will listen to you if you can show them that you are sold on the proposition. Personally I am sold on this proposition, not from the standpoint of fees, but my argument is better dentistry. When a dentist is sold on better dentistry you will find him a good listener when you approach him on a subject of this kind. In my mind it is going to take a little time to put Osogen over the way it should be put over. If you are going to look at your order book and lose sight of the real issue then I say "good-bye Osogen for you." So what are the grounds we have to work on?

First I say; read your magazines and see the trend of the profession getting away from the wholesale extraction of teeth; second, then talk pulp canal technique; spread real honest propaganda around, and in the course of time you will find the average dentist becoming very much interested in this work. The question of fees will be of secondary issue when this is completed.

Too Long and Too Uncertain

Nebraska

Pulp-canal treatments have in the past been a harassment to dental practitioners because of:

1. Their inability to proceed with a service until the pulp-canal treatment was satisfactory.
2. Excessive amount of time and effort necessary and the hazard of successful results. The most conscientious men in the profession have never felt that they could give more than 20 per cent of the total time necessary to the full completion of a case, while these treatments often took 80 per cent of the time, and then were not often satisfactory.
3. Lack of a certified scientific material and a practical technique for its use, which will give results in the time allotted to its use and the results sought, and from a source entitled to their confidence. This "Osogen" supplies.

Saving Teeth is Always Profitable

Colorado

From all standpoints, moral, humanitarian, ethical, economic, or otherwise, pulp-canal treatments, correctly practiced, are profitable.

It should be an axiomatic, and a universal rule, among the dental profession, to give the patient what he is entitled to have. Patients know, as a rule, when they are in good hands. There is a huge amount of common sense abroad in the land, and good work is very generally recognized and appreciated. It brings its own economic return to the profession from satisfied patients, and from the friends of satisfied patients.

Perhaps this may sound somewhat altruistic, and not altogether practical for the everyday problems of life, so let us go one step further.

The patient arrives in your office and places himself in your hands. It can be fairly assumed that he came to you because he had a certain degree of confidence in your knowledge and skill. He has a tooth which should be either extracted or treated. You decide it can be saved by treatment. You explain that extraction means an artificial restoration which, at its best, means a poor make-shift, compared to nature; that after extraction the masticating properties of the mouth

are to a degree impaired; that good dentistry means restoration and not destruction and that an extraction is a last recourse only.

Tell the patient, if there is any further doubt in his mind, that there is no more reason, in principle, for the removal of an infected tooth, where the means are at hand to save it, such as an Osogenic treatment, than there is for the removal of an eye or a limb that has become infected.

And does not the question of compensation logically answer itself, even from a purely dollar and cents standpoint, if the situation is properly presented? The American public are quite willing to pay for services rendered.

After this information has been imparted to the patients, what would any reasonable person decide to do?

What would be the common-sense thing for Mr. Average Person to do? Pay his money for an extraction and a bridge, or pay his money to save the teeth he has?

Could there be any other than one answer?

Is the dentist honest to himself, or fair to his patient and his profession, who takes the attitude that root-canal treatments do not pay?

From any standpoint it does pay. It pays to give the patient the benefit of the profession's best knowledge and skill. It pays economically in immediate profits. It pays doubly in future profits, and it will give the dentist that comfortable feeling that he is following to the line of his duty and is always giving the best the profession offers.

Patients See No Results

Washington

All root canal work at the present time is generally considered by the dental profession as time lost because the patient cannot see results and will not pay for this work.

With Osogen the directions specify a definite plan of procedure, using special instruments, and thereby obtain results not being now so obtained with all kinds of treatments and ingredients, which are not known to the profession, for which service a definite charge can be made, thereby rendering to the patient a service.

(To be continued)



One of the popular and economical packages of the original and only material entitled to the name Synthetic Porcelain

"Everybody
enjoys using it"



© Photo by Anne Shriber



When Professional Advice is Most Appreciated

DENTISTS who are familiar with Mercitan Lotion are apt to be emphatic in advising its daily use, because it supplements so effectively what the dentist does himself.

☞ Mercitan Lotion is not just another "drug store mouth wash." It is made and sponsored by a company closely connected with professional requirements in research and practice.

☞ No dentist could wish for more effective action in any mouth wash.

☞ Yet this one combines real effectiveness with a sparkle, a fragrance and a delightful flavor that wins the appreciation and coöperation of the patient and the family.

☞ Indicated for spray at the chair, for home use between treatments; for healthful stimulation and healing of mouth tissues; for elimination of smoker's breath and other mouth odors; and for the daily routine of cleanliness and health.

☞ The professional rates include 2 oz. bottles with "prescription style" labels either plain or printed with dentist's name and address. For details please write Toronto or ask any dental supply salesman.

MERCITAN Mouth & Throat LOTION

A CAULK PRODUCT

Printed in Canada, The L. D. CAULK Co., OF CANADA, LIMITED, 172 John Street, Toronto.

SOUTHAM PRESS, LIMITED
TORONTO AND MONTREAL

NUMBER

36

Four Radiographic Demonstrations of the Advantages of Overfilling with Osogen

THIS EDITION 72,000 COPIES

CANADIAN EDITION

MILFORD NEWS

COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.—SEPTEMBER, 1924
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.



"Childhood is like a mirror which reflects in after-life the images first presented to it"—SAMUEL SMILES

© PHOTO BY ANNE SHRIBER

How Eutone Replaces Phenol in Osogenation

Dr. Quinby's Fourth Chart

More Secrets About Pulp-Canal Practice Told by Salesmen



© PHOTO BY ANNE SHRIBER

The Old Folks at Home

WILL I ever get used to this thing?" they ask themselves. "I don't believe he made it to fit my gums. I wish my old teeth were back again. The first thing tomorrow morning I am going back and tell him he *must* do something with this plate."

A Flock of Imitation Worries come in the awkward stage with the new denture, but such troubles do not seem nearly so important when the patient is taught to appreciate what has been done, and understands his own part in learning to use (and take care of) the new appliance.

Plain Spoken Advice at the right time helps to quiet the situation, but the busy dentist finds the story much too long to tell in the office, and the newly initiated denture patient is often too nervous to remember it.

The Most Effective Way is to let the patient go

home to the old arm chair and *read* the proper advice.

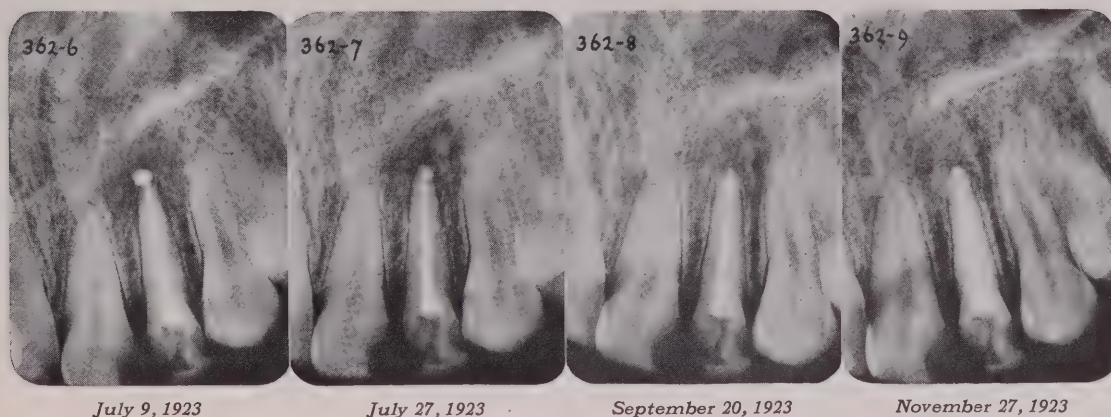
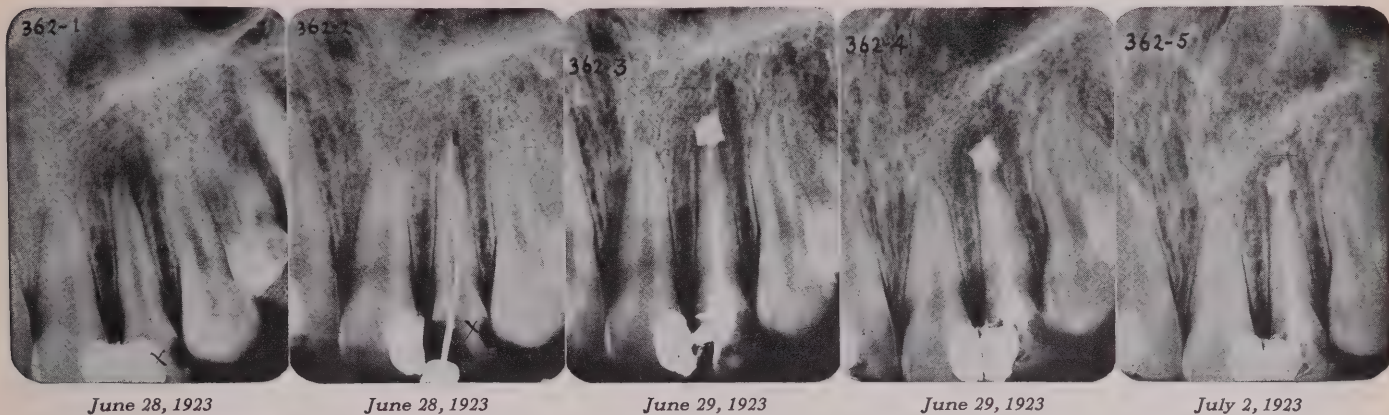
The Booklet "Comfortable Dentures," supplies just the information you would give if you had time. It helps the patient to become satisfied, appreciative and comfortable.

This Happy Result comes from a correct understanding of the service rendered and also from learning how to keep the denture perfectly clean, smooth and odorless from the very first day.

A Specimen Copy will be sent on request and additional copies are available without any obligation whatever, except your co-operation in prescribing the only material that can keep a denture really clean, undamaged, smoothly polished, and therefore most comfortable—CAULK DENTU-CREME. May we send the specimen copy now, while you have it in mind?

Address The L. D. Caulk Co., Toronto, Canada.





A typical case of closed putrescence without any appreciable amount of seepage.



This case was treated and filled in accordance with the regular technique.

Advantages of Overfilling in Osogenation

A LETTER from a prominent dentist says: "One of our dentists here endeavors to force Osogen through the root end. His idea is that the surplus will disappear within a month and all will be well. If such sloppy work as that is good form, then our root canal problem is solved. If the foramen is wide open, I can not understand how the Osogen will be smoothed off even with the root end and *not* be dissolved out of the canal." The same question has frequently been asked by visiting dentists at the Caulk Clinic and in correspondence, though it is not

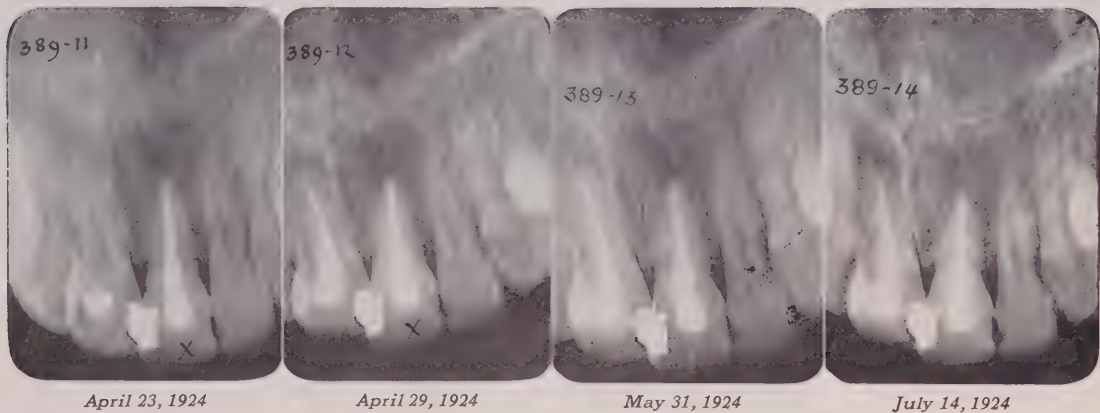
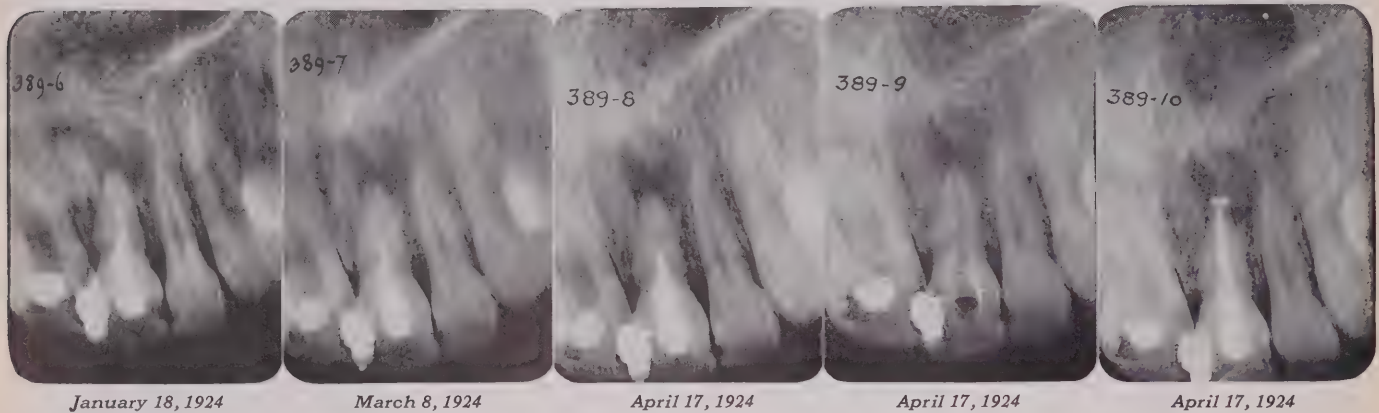
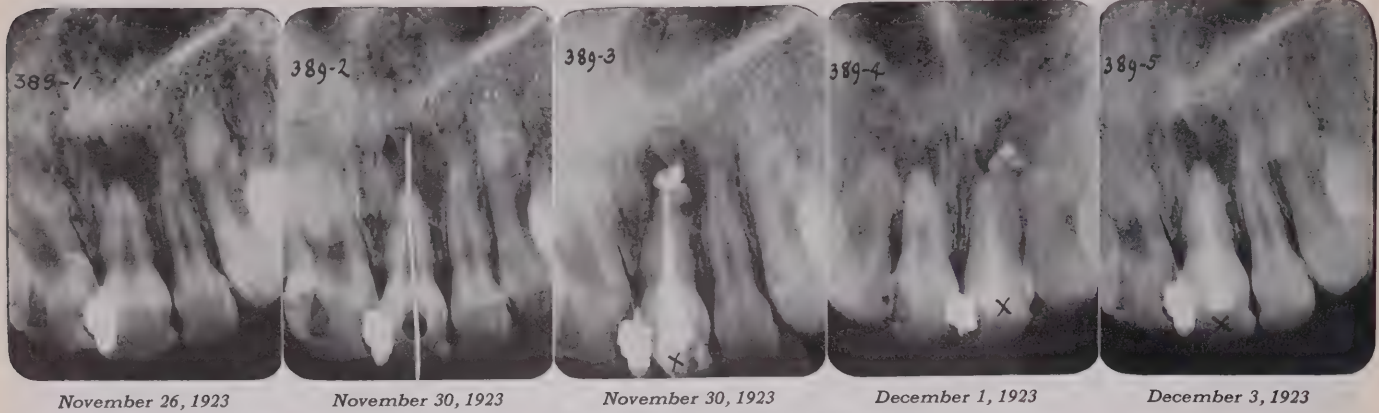
"If such sloppy work is good form, then our root canal problem is solved."

often so vigorously stated as in this letter.

The answer to this question is that the practice of allowing some Osogen to extrude through the root end is entirely all right—and is the method followed at the Caulk Clinic. Such excess beyond the root end is absorbed in a month or less, according to the amount of fluid or exudate that is in contact with the extruded Osogen.

The excess of Osogen in the periapical region can do no harm and is really desirable. It exercises a prolonged germicidal and alkalizing effect all through the time it is being slowly absorbed.

The reason why the extruded Osogen is absorbed while the Osogen within the canal remains intact is because plastic Osogen does not set in the presence of aqueous fluids. Water dilutes the magnesium chloride to a point where it can no longer combine chemically with the magnesium oxide. Inside the canal, however, the Osogen that comprises the actual fill-



ing is sufficiently protected against dilution during the few hours required for permanent setting, and when once it has set, it is no longer affected by contact with fluids.

In exceptional cases where the main foramen is larger than ordinary, and excessive seepage persists, some means must be taken to protect the Osogen in the canal during its period of setting. After setting is complete then contact with aqueous fluids no longer has any disintegrating effect. Several satisfactory ways of accomplishing the desired result are described in the following cases.

*An experimental case
first filled by plugging, in
the presence of excessive
seepage; then refilled by
injecting.*

regard to the satisfactory effects of overfilling with Osogen.

Case 362 is a typical one of closed putrescence, with practically no seepage following the first treatment with Osogen Fluid. The filling was done with pluggers according to the published technique. Radiogram 362-3 shows the canal when

partly filled and an excess of plastic Osogen beyond the apex. Radiogram 362-4 shows the completed filling.

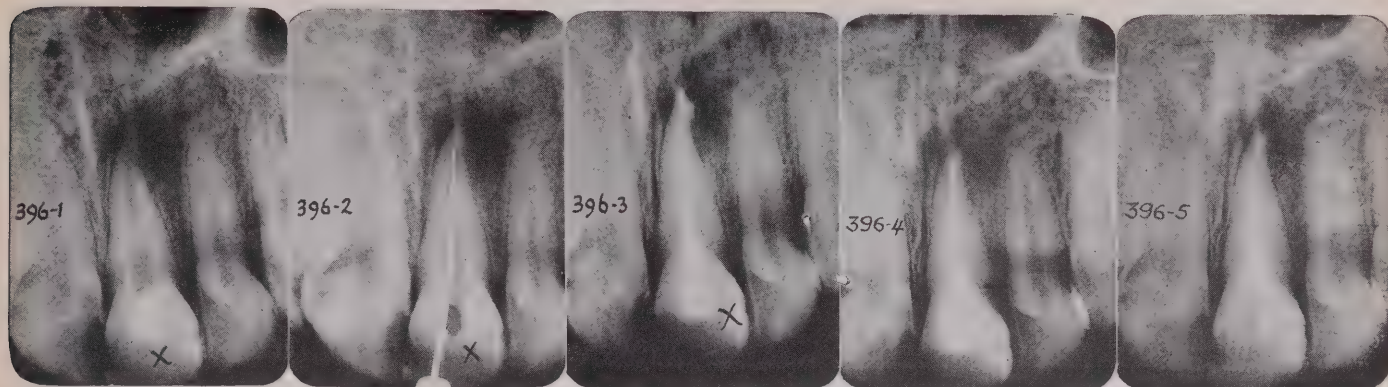
On July 7, 1923 (362-5) the absorption of the excess has begun. On July 9 (362-6) the extruded portion is much reduced.

On July 27 (362-7) the absorption is practically complete, leaving a slight encapsulation.

Two months later (362-8) the filling shows unchanged, and from that time until July 14, 1924, in radiogram 362-11, the latest available picture, the periapical condition continues to improve in a normal and satisfactory manner.

This case was filled according to the regular technique. It illustrates the results to be expected when there is no seepage entering the canal or being sucked into it at the time of filling. The extrusion of

On pages 3, 4 and 5, enlarged radiograms illustrate the foregoing discussion in



Jan. 14, 1924

Jan. 16, 1924

Jan. 16, 1924

Jan. 23, 1924

Feb. 15, 1924

Another case of persistent seepage, filled by injection only, without gutta percha plug

Osogen has not produced any chemical or mechanical irritation, as evidenced by the periapical repair and the fact that the tooth has been constantly comfortable since filling.

Experimental Case for Comparison of Plugging and Injecting

Case 389 was used experimentally to learn the results of filling with pluggers while exudate was seeping quite freely into the canal. Under such conditions a considerable dilution of the plastic Osogen in the canal was to be expected.

A large amount of Osogen extruded beyond the apex, as shown in radiogram 389-3.

After one day (389-4) some of the extruded Osogen had already been absorbed.

After three days (389-5) all of the excess had disappeared and the absorption extends noticeably into the canal.

The rapidity of this effect clearly indicates that the material in the apical end of the canal was diluted by seepage when placed, and that this dilution prevented normal setting.

Absorption continued until April 17, 1924 (389-9) when the tooth was re-opened to examine the condition of the filling.

The Osogen in the canal was found still in a plastic state. It never had set at all.

Soft But Sterile

Cultures were made from specimens of this unset material, taken from different depths in the canal, all the way to the apex. Sterility was demonstrated in every specimen, showing that though the Osogen was mixed with exudate and remained in that condition more than four months, sterility was maintained.

On April 17, 1924, this case was refilled with plastic Osogen. Preliminary treatment with fluid was not necessary because the canal was found sterile.

Some seepage still occurred, but in amount much less than before. In order to test the results of over-filling the canal by *injection alone*, without any attempt to use pluggers, the filling was done by means of the Injectogun, thereby avoiding mechanical admixture of plastic Osogen and exudate.

A celluloid Injector tube was filled with plastic Osogen and fitted into the Injectogun. Then the point of the tube was passed into the canal as close as possible to the apex, and the Osogen was ejected by gentle pressure while the tube was gradually withdrawn from the canal. This method fills the canal from the apical end with the least possible disturbance.

Radiogram 389-10, taken April 17, 1924, shows this second filling. In using the

Injectogun a slight excess of Osogen was purposely forced into the periapical regions with the effect of damming back the exudate long enough for the Osogen actually in the canal to harden there as normal setting took place.

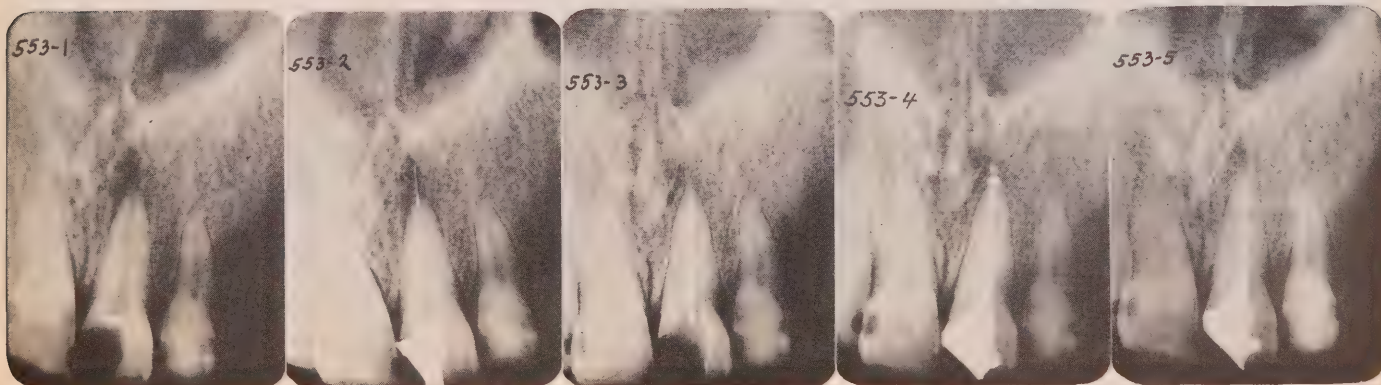
The excess beyond the apex was completely absorbed in six days after refilling (389-11). But the subsequent radiograms, covering three months, 389-12, 389-13, 389-14, show no loss of material from within the canal itself; whereas the first filling, which had been diluted with exudate as a result of pumping with pluggers, suffered a considerable loss from the canal in the short space of three days.

A comparison of the results in this case gives practical information on which to base a definite procedure for the handling of such cases.

One important feature of this case is that both methods of filling, and their results, are demonstrated in the same patient and the same tooth, thus eliminating doubts or errors that might result from observations on different patients or different teeth.

Another important point is the clear demonstration of the fact that plastic Osogen forced out beyond the apex does not cause chemical irritation, and does not interfere with the healing process, but

Persistent seepage stopped by choking the apical end of the canal with gutta percha plug



June 23, 1924

June 24, 1924

June 24, 1924

June 24, 1924

July 14, 1924

is of advantage because it exercises a germicidal and alkalizing action during its slow absorption and so promotes healing.

Another Case Filled by Injection

Case 396 (pictured on page 5) illustrates another method of managing the case with wide foramen and seepage difficult to control. The canal was filled with Osogen alone, by means of the Injectogun, as described in the refilling of Case 389.

The excess Osogen beyond the apex was absorbed in seven days, but after one month the filling in the canal is still intact. Pictures later than 396-5 are not available because patient has not returned to the clinic. Experience with many similar cases, however, has established definitely that when the filling in the canal shows no absorption in a month, it will not be affected thereafter. It is only when exudates dilute the Osogen *during* the operation of filling that any loss of substance occurs within the canal, and in such cases the effects are evident in a few days.

In the majority of cases that require root-filling, seepage can be controlled, and the special technique as here described is not required. When cases of the more unusual types are encountered either one of the described methods may be safely followed.

Foramen Choked With Gutta Percha Plug

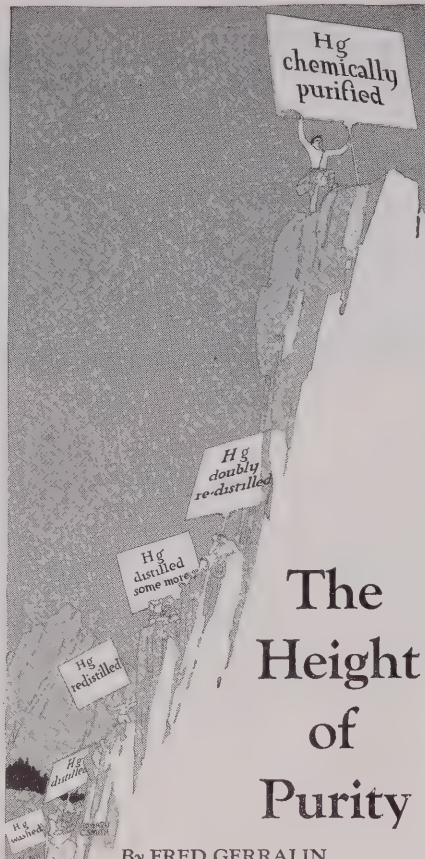
In case 553, illustrated on page 5, the foramen was wide, and more or less seepage persisted in the canal at the time it was filled.

The regular technique was varied in the following manner. The canal was sterilized with Fluid. A gutta percha point was blunted and tried in the empty canal to make sure it would choke the apical end without going through the main foramen. Then it was put aside while the canal was filled with plastic Osogen by means of pluggers. The Osogen was placed without pumping, and with special care to prevent sucking back exudate into the canal. The blunted gutta percha point was then imbedded into the Osogen until it choked the apical end of the canal.

The use of the gutta percha plug in this case may be likened to the use of wooden forms in building a concrete wharf. The water must be kept out until the concrete is set, after which the forms may be removed and the water no longer has any effect on the concrete. In the case of Osogen the gutta percha plug need not be removed, since it is inert, is completely invested in Osogen and occupies only a minor portion of the total space in the canal.

This case demonstrates in a striking way the fact that in its chemical and physical

(Continued on Page 7)



The Height of Purity

By FRED GERRALIN

ONCE upon a morning snappy, while I worked so fresh and happy,
Plugging in amalgam fillings where they should have been before;
While I labored with a capping, suddenly there came a tapping
As of some one harshly rapping—rapping at my office door.
"It's some salesman, sure," I muttered, "tapping at my office door—Only that and nothing more."

Back again to work returning, curses deep within me burning;
Soon again I heard a tapping, somewhat louder than before.
"Darn it," said I, "Lord preserve us, that fresh guy will make me nervous.
He'll come in and holler 'service' like they all do—makes me sore."
All they do is keep repeating same old stuff I've heard before—lot of wind and nothing more.

"Still," I sighed, "I guess I'll hafta, see what that gink may be after."
So I went and, cussing fiercely, opened up the office door.
Sure enough, as I knew well, I found a guy who'd come to sell.
He started in his tale to tell, whiskered words from days of yore—
Only that and nothing more.

Right away he started spouting, arguing stuff I'd not been doubting.
So I settled down in patience, though I wished to shed his gore;
All my patients heard him screeching, "Listen now to what I'm teaching,
I'm the guy who does the preaching, I'm the gink you can't ignore."
Then he opened up his carpet-bag and started to explore,
Talking loudly,—nothing more!

ELECTRICAL engineers and expert metallurgists know that very minute adulteration causes profound changes in metals. Permanently good amalgam work requires extreme purity in alloy and mercury both. CAULK Twentieth Century Mercury matches Twentieth Century Alloy in purity. All dissolved metals are eliminated. It has no arsenic—no lead—no bismuth—no copper—no antimony—no mercuric oxide—nothing but mercury.

Soon this funny nut beguiling, turned my grouching into smiling
At the stern determination on the countenance he wore.
"Though you're stubborn as a donkey you are sure a funny monkey.
And," I said, "Your information is the kind that makes me snore.
Tell me, why the deuce you've entered; tell me what you've come here for,
Spreading packages on my floor."

Much I marvelled that this jaunty gink could show so much assurance,
Though his meaning was obscure until, at last, he told me more—
"Here's the mercury I am selling, and the story I am telling
Is a new one, it's exclusive, it has not been told before.
Our product is much cleaner, we refine it from the ore;
And it's mercury—nothing more!"

"Feller," said I, "What's delayed you? What's the motive now that's made you
Come to life with such refinements that you never knew before?
In the scientific meaning mere refinement fails in cleaning
What I want is purification—anything less I must ignore.
Only Caulk I find can give me what I want—and nothing more!
Why detain you?—au revoir!"

Why Flossie Was Fired

By Henry E. Muchmore

A dental assistant was Flossie McGee,
She was prouder by far than a peacock could be.
Each morning she sailed in a half hour late,
And if Doc was impatient "he'd just have to wait."
While taking dictation she raved o'er her beaux,
And stopped at each sentence to powder her nose.

It kept him a-guessing to know what to do—
If he treated her roughly she'd threaten to sue.

She cried, kicking over an innocent chair—
"You put me in mind of a big grizzly bear."

If a salesman dropped in, why, she thought it was fine
To be first on the job looking over his line.
Oh she wore on Doc's nerve till he nearly expired—
No wonder that Flossie the failure was fired.

(Advantages of Overfilling—Continued from page 6)

properties Osogen is entirely different from anything heretofore used in the filling of pulp canals. Zinc oxychloride or zinc oxyphosphate cements when forced beyond the apex cause severe irritation, because they are either escharotic in the plastic state, or highly acid. Gutta percha is not desirable for overfilling, because, though it is chemically inert, it cannot be absorbed, and causes mechanical irritation.

Some medicated pastes and iodoform preparations can be passed beyond the apex without chemical irritation, but since they are not of a cementitious nature they are absorbed, not only from the periapical region but also from the canal.

Even the most experienced operators are at first inclined to think that the results accomplished with Osogen are "impossible" and that such overfilling as shown in the illustrations with this article are "sloppy dentistry." Such opinions, however, can be maintained only so long as the difference between Osogen and other materials remains unappreciated. The operator who has taken the time to study and appreciate the chemical and physical properties of Osogen as already published will not be surprised by the extraordinary clinical results that are obtained by its proper employment.

A Good Investment if The Management is Good

Approximately \$10,000 is required to educate and provide an office for a dentist according to calculations made at the fifth annual meeting of the Kentucky State Dental Association, as reported by the *Louisville Herald*. This amount, it was said, would not include the cost of equipping and maintaining a reception room.

Satisfaction

I have used Twentieth Century Alloy for some time, and expect to stock up with it again when the present supply is used up. This will indicate to you my satisfaction in its use.—*Boston, Mass.*

Okay on "Comfortable Dentures"

I use many of your products and find them O. K. Nuf said. I like your "Comfortable Dentures" booklet very much. Please find check enclosed for which send me your offer "B" and oblige.—*Missouri.*

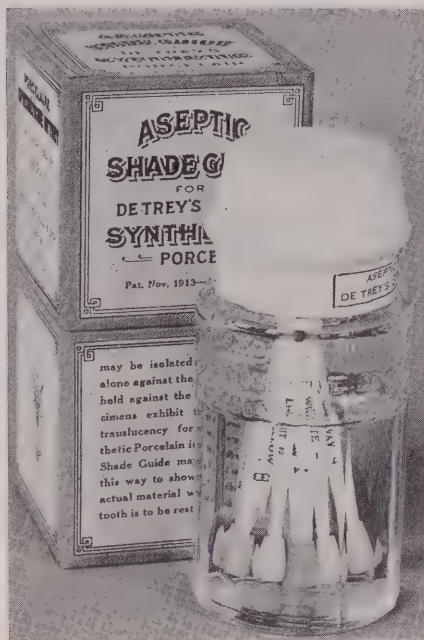
Why They Read It

"I read with great interest every word in the *Milford News*," writes a dentist from Tonawanda, N. Y. "There is such a mass of information on things dental, on new subjects, theories, etc., that there is

danger of crowding out some of the basic principles outlined in the *News*.

"The clear, simple instructions contained in it are a miracle of post-graduate work. Whenever I finish an article I feel that College has been reopened to me.

"You are benefiting not only thousands of dentists, but millions of patients, in your work."



Prophecy and History

If the patient wishes to know what kind of material the restoration is to be made of, the dentist has only to take his Synthetic Porcelain Shade guide from its bottle of water and explain its obvious features, such as natural translucency—neither too glassy nor too stony—the life-like blending of shades etc.

The dentist himself will see in this shade guide a history of the constant quality that is maintained in this material. The shade guide he buys today will match a package of Synthetic Porcelain made in 1911. Or the guide bought in 1911 (if properly taken care of) will prove equally accurate for the Synthetic Porcelain that is made today or will be made tomorrow.

"They always come back to Synthetic"

Eutone Replaces Phenol in Osogen Technique & Prevents After-Pain

IN the original Osogen technique liquefied phenol was recommended to prevent after-pain, but continued experience demonstrated that phenol could be replaced to marked advantage by Eutone, a new preparation containing eucalyptol, chloretone, menthol and thymol. Eutone is non-irritating, not escharotic, and exerts a more prolonged mild anæsthetic action than phenol. Eutone is neutral toward Osogen Fluid and plastic Osogen. It does not react with Osogen Fluid or disintegrate plastic or set Osogen. Plastic Osogen sets perfectly when immersed in Eutone. Some essential oils (like oil of cloves), acids, and alcoholic preparations, prevent proper setting or hardening of Osogen and for that reason drugs of such nature should be avoided in Osogen technique.

Eutone has reduced cases of post-operative pain to a very small percentage. Where pain occurs after the employment of Eutone, it is usually limited to a tolerable soreness.

The use of Eutone in all Osogenized cases is recommended as a good precautionary measure. Cases with sinus are rarely troublesome because of free drainage. In closed cases especially, Eutone should always be used. Osogen is not an irritant nor is it destructive to tissue. Post-operative pain is most often caused by mechanical irritation from operative procedures and inflammation existing when treatment is begun. Careful operating and the use of Eutone will avoid this difficulty in nearly every case.

From a Dental Salesman's Letter:

"I might say in closing that for my own individual taste and preference, Mercitan Lotion suits me better than anything I have ever used."

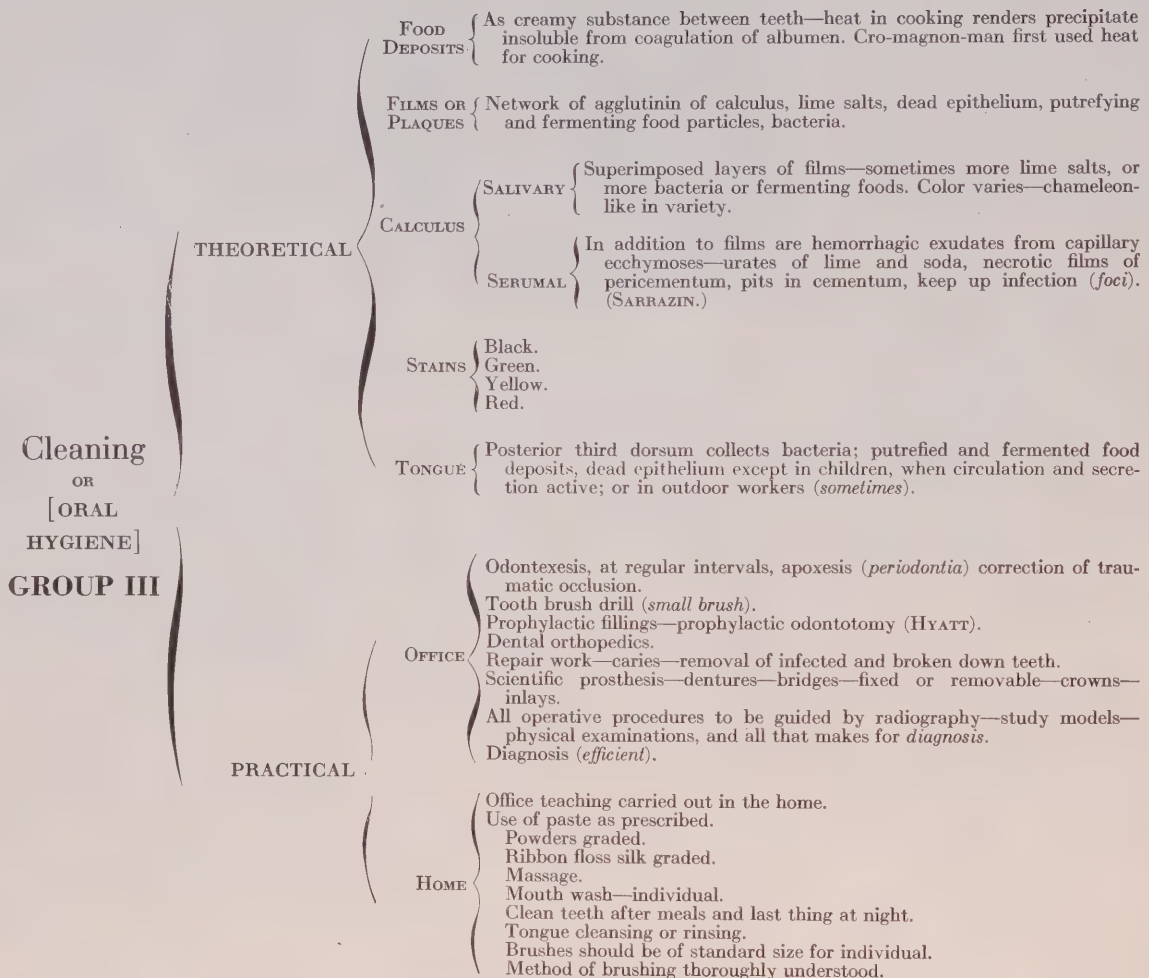
Acknowledged With Thanks

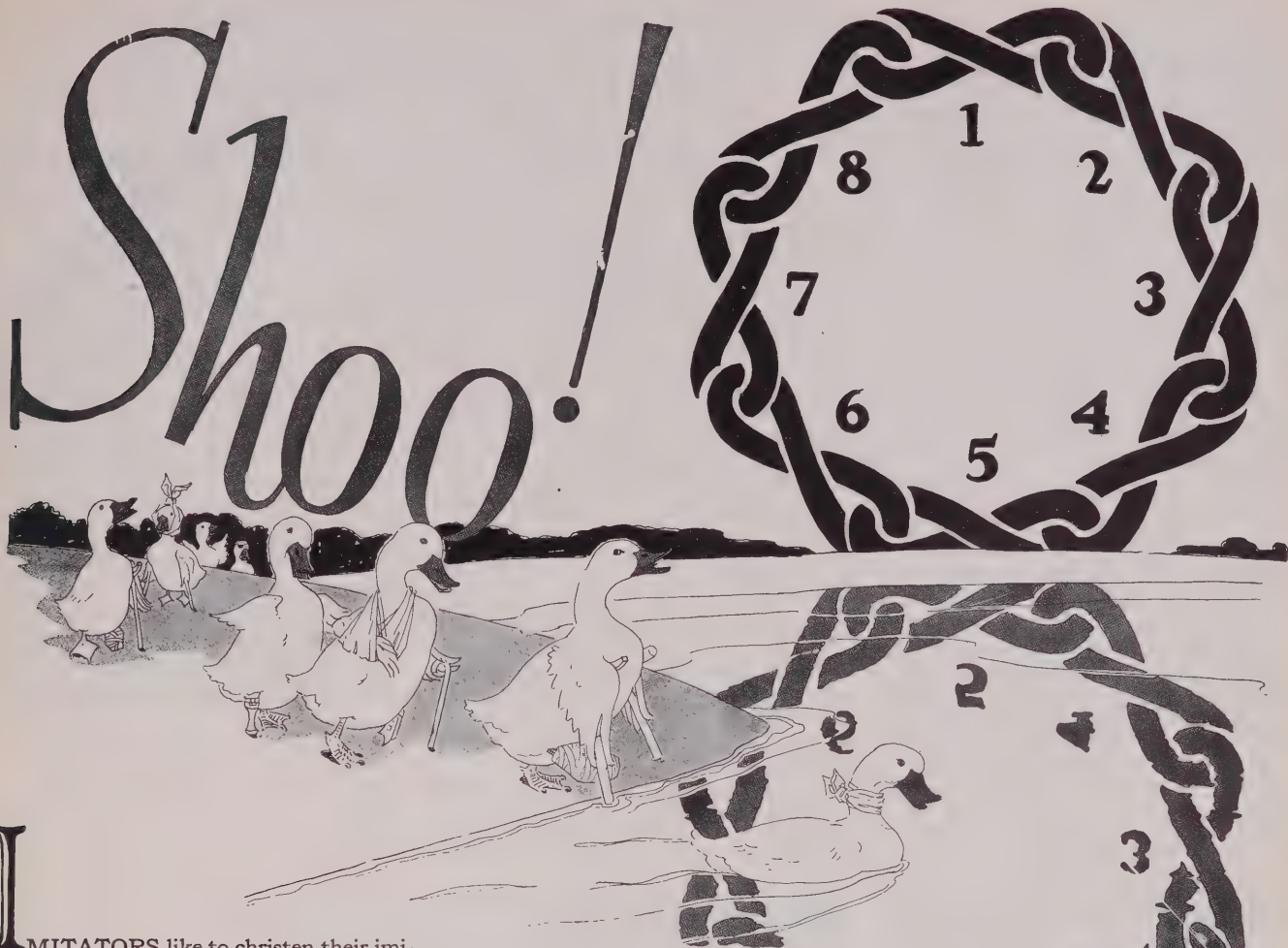
"Let me express my high appreciation for *Milford News*. So many helpful hints I always find each month. I read every line from cover to cover, and file for future study. I would rather go without sugar in my tea than not read *Milford News*. Thanks again for keeping my name on your list."—*Charleston, S. C.*

What Can Be Done for the Oral Machine?

CHART No. 4—BY E. MELVILLE QUINBY, M.R.C.S., L.R.C.P., D.M.D., BOSTON, MASS.

Requirements of Any Machine { BUILDING UP FITTING OF PARTS CLEANING





IMITATORS like to christen their imitations with names that echo the original—a mark of flattery that shows how good the original is.

In the case of Synthetic Porcelain even the names of the shades are copied.

The qualities of Synthetic Porcelain are frequently referred to by representatives for other materials. They say "Ours is more translucent than Synthetic Porcelain"—or stickier or stronger or what not. They use Synthetic Porcelain as a standard by which to measure their own products.

Apparently they do not expect their claims to shine very brightly unless they can catch a reflection from the material that already has proved to be successful, which calls to mind the case of the Parisian jeweler who advertised, "Pearls guaranteed to be genuine imitations."

Why is Synthetic Porcelain successful?

Formula alone is not the secret. Scrupulous care in manufacture is only one chapter of the story. Detailed and truthful instructions to the user make only one link in a long chain.

Said the poet, "One swallow does not make the summer."

Likewise, one property does not make a good filling material.

Glue is supreme in the one quality of adhesiveness, but we do not fill cavities with it.

Diamonds are hard, but useless in dentistry.

Any number of materials might be men-

tioned that rest their claims to the dentist's attention on one good feature—like lame ducks standing on one leg.

One good feature in a dental filling material is as lonesome and as useless as one walnut rolling around in a barrel.

No less than eight combined properties are necessary in the satisfactory translucent restoration:

1. Strength to resist mastication.
2. Hardness to resist wear and erosion.
3. Density—fine-grained structure.
4. Impermeability to oral fluids and medicaments.
5. Constancy of volume, like natural dentine.
6. Translucency like natural tooth-enamel—neither more nor less.
7. Permanent shades that blend perfectly.
8. Adhesion to dentine.

The secret of success in this kind of work is in this vital combination of the eight essential qualities—like a chain of eight links.

It is this *combination* of qualities that makes the genuine Synthetic Porcelain restoration, as distinguished from all the other various kinds of translucent fillings.

The properties of Synthetic Porcelain are a matter of scientific record, based on facts and figures, not on hopes and promises.

There is only one Synthetic Porcelain. Only one material is entitled to be called

by that name. Caulk makes it in America—no one else.

As makers of Synthetic Porcelain, The L. D. Caulk Company has plenty of responsibility on its own job and plenty of information to give about its own material, without butting into the other fellow's business.

THE Caulk Company has nothing whatever to say about any material except its own. False statements put out by competitors are consistently ignored—especially those that are spread by word of mouth and that are *not* put in print. In most instances these absurdities refute themselves sooner or later—at the expense of the purchaser.

The facts and figures about Synthetic Porcelain and the correct methods for its use are always available from headquarters. No one need accept any second-hand information about it, offered by those who do not represent Caulk, and who drag the Caulk material into their line of talk simply as a prop for the story that is not substantial enough to stand alone.

Whenever a dentist wants to know anything about the one and only Synthetic Porcelain, the best way of being correctly

informed is to get the facts direct from Milford or from one of the accredited representatives of the only company that makes Synthetic Porcelain in America.

Learning right methods in the first place is easier and safer than explaining failures afterward.

What Cement Will Stick in a Wet Cavity?

"Will Caulk's Cement stick in cavities of children's teeth under copious saliva?" asks a Michigan dentist.

The answer is that no cements—zinc, copper, or silicate—are properly placed unless the cavities are dry and the cement protected against saliva during the period of initial setting. For unmanageable children when the cavities cannot be perfectly dried, Caulk Copper Amalgam is recommended. This sets slowly enough to give ample working time, so that in case of interference, the dentist can wait a little and continue again, before the amalgam sets. Copper Amalgam is absolutely free from shrinkage and is antiseptic in the cavity.

Polk's Dental Register Wants New Names and Addresses for New Edition Soon to be Published

The publishers of *Polk's Register* have sent a questionnaire to every dentist whose name could be secured, including the 3,511 who graduated within the past two months. The last Dental Register was published seven years ago. Since then over 22,000 have graduated whose names have never appeared in a Dental Register.

This book has always been of value to the profession, editors, publishers, the dental trade and others interested in the progress of dentistry. A reliable, up-to-date list of dentists, with the additional information which this publication includes, is an urgent necessity.

It is manifestly impossible for any one to make such a work complete, reliable and of value to the dentist without prompt co-operation of every practitioner. It is of great importance and value to the dentist himself that his name and address appear correctly in the Register. The dentist assumes no obligation whatever. Unless the questionnaire is returned, the publisher must omit the name. The profession is urged to co-operate to the fullest extent by filling out the blank (which takes but a few moments), without loss of time after it is received, and mail it to R. L. Polk & Co., 536 S. Clark St., Chicago.

Any dentist who has not received a questionnaire is urgently requested to

To Fill Pockets or Pulp Canals

THE INJECTOGUN is loaded with a celluloid Injector filled with Mercitan Cream. Then the long, slender point of the Injector is inserted under the gum and the Cream is ejected by pressure on the plunger. This clean and quick method places a sufficient quantity of Cream precisely where it is needed in the pyorrheal pocket. Also used in Osogenation.



send in his name and address and a blank form will be sent to him. The important point is: prompt action, thereby enabling the publishers to do each one justice by recording his full and correct information.

The Special Officer's Case Report

I had eczema on both legs and forearms. I had used about everything made to counteract the evil, no results. One day my wife saw your ad. in a newspaper and I sent to you for Mercirex. I have used it as directed and am glad to be able to in-

form you that the affliction has entirely disappeared. I had it bad. Blisters, some of them as large as a dime, would form and burst and the itching was almost intolerable, worse when I went to bed. I have a position as special officer for a large amusement corporation and am obliged to be on my feet a good number of hours every day. I want to thank you and your firm for the grateful relief I have experienced from the use of the preparation.—*Philadelphia.*

The desire to get out of bed is inversely proportional to the need.



Through thirteen years of extraordinary economic disturbances this well-known package represents a steady advance in quality, usefulness and popularity, without one cent increase in price.

Letters WRITTEN BY DENTAL SUPPLY SALESMEN in response to the question: "What is the true condition of pulp canal treatment as an ECONOMIC factor in dental practice"

Seeing Ourselves As Others See Us

(Continued from previous issues)

No Basis for Estimating

New York

Among the very large majority of my customers, the dentists, I find the two following items to be the real nonproducers:

1. Not being paid for examinations.
2. The inability of the dentist to estimate correctly whether or not he can save a tooth by one or one dozen treatments and receive pay for them.

I find pulp-canal treatments have been unproductive due to several causes:

1. No sound practical means of knowing in the past, how many treatments will be required to effect a cure.
2. The unwillingness of patients to enter into a series of treatments with no assurance of what the final cost will be or whether after all the tooth can be saved or not.
3. The dentist's knowing way down deep in his heart he is not sure whether he would effect a cure.
4. The dentist not being able to say whether one or a dozen treatments will be required.
5. The dentist, knowing these facts, has not had nerve enough to charge a set fee for saving the tooth.
6. The wholesale extracting of teeth in general is a clear admission the dentist knew he could not receive what canal treatments were worth because he knew he could not with any degree of certainty effect a cure, hence the line of least resistance—extraction.
7. Extraction specialists say about 50 per cent of extractions bear trace of canal work, 30 per cent is due to neglect (and this 30 per cent of course involves canals), 20 per cent due to just pure getting the tooth out for plate or bridge work.

Any Fee Seems Too Much

Ohio

Lack of beneficial results has made the treatment of pulp-canals show up in red ink on the balance sheet of a very great percentage of my customers' yearly business.

The great uncertainty of the results which they could hope to obtain made more and more of the dentists resort to wholesale extraction of all doubtful teeth, especially posteriors.

Those they did undertake to "treat" took up so great a portion of the dentist's time that he could not (in view of the fact that he was uncertain of the outcome) charge a commensurate fee.

The hesitancy on the part of the dentist unconsciously passes on to the patient with the result any fee, no matter how small, seems large.

It Can Be Done!

Georgia

This is a question that covers a broad field. The one I believe is the greatest root canal man we have in the country, and who has expressed himself very favorably to Osogen in the cases upon which he has experimented, says: "Man's chief function here on earth is to discover and utilize the laws created by God and man, whether pertaining to physical, mental or spiritual affairs."

Why have dentists failed to do root canal work? Their answer is that their patients would not pay for it. After questioning a number of dentists closely I have found that they have not asked their

patients to pay for it, but it seems that they have followed the lines of least resistance and removed all abscessed or infected teeth.

After observation of several dentists who are doing correct root canal work, I have found that their practice is paying and building rapidly, because they are receiving the hourly fee without an outlay for expensive materials to make artificial mastication and are receiving the compliments and gratitude of patients for saving their natural teeth.

The Small Fee and the Apologetic Manner

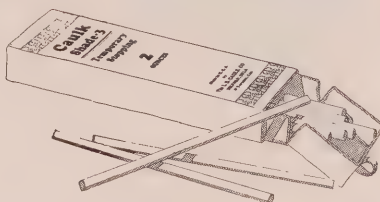
Canada

Pulp-canal treatment certainly has not been regarded as a financial asset to the average dental practice, but was generally looked upon as the most disliked branch of operative dentistry.

The past experience of the dentist has developed a hesitancy on his part to undertake the treatment of putrescent and infected teeth. This places him at a disadvantage from the start. As regularly as income tax comes round, a new preparation is placed on the market which always claims great effectiveness in clearing up putrescent and infected areas. Any dentist calling on a supply house, and asking for a good root canal treatment or filling has a wonderful selection of names, shapes and colors of boxes to choose from, all probably

The HANDY DROP-END BOX

YOUR dental supply dealer has in stock a temporary stopping that softens uniformly, works smoothly and sets promptly at mouth temperature, becoming extremely tough and developing a maximum insolubility and resistance to attrition. Shade-3 gives a close match for the "average" anterior tooth. The usual white and pink shades can also be obtained. The handy drop-end box gives quick access to the contents.



2 oz. \$1.10 - 5 oz. \$2.20

Always Ask For
CAULK
TEMPORARY STOPPING

only differing slightly except in name, shape or color. After having used many of these different highly recommended compounds each with its own particular technic, and having little or no success with any of them, he is inclined to shun all root canal treatment on account of the uncertainty of success.

The patient always knows of some friend who has paid many visits to some dentist in trying to save a tooth and finally had it extracted. They consider the dentist is doing little to help them and generally think the tooth is better out "now as well as later." This attitude on the part of the patient is hard to overcome as long as the dentist himself is so doubtful of the success of his treatments.

How can he charge a reasonable fee for his time and experience when the uncertainty of the operation is firmly fixed in his mind?

A small fee charged in an apologetic manner, with the hope that the tooth will be all right, has been the financial view of the dentist commencing the treatment of an infected tooth.

They Lack the Nerve to Charge for Treatments

Pennsylvania

Treatment of putrescent and periapically infected teeth in more than ninety per cent of dental offices has been charitable work when it comes to increasing the dentist's income. He has spent hours for which he never got any compensation, due to his lack of nerve to charge. This is due in most cases to the lack of assurance that the case is ready to fill and whether it will give service after it is filled.

I am sorry to state that there are a goodly number of dentists who prefer to extract the tooth, feeling that they would get compensated for the service rendered rather than treat with the big question confronting them—"Will it be successful, or will I get compensated for my services?" As a result he usually takes the shorter course by elimination.

These statements I have heard personally several times and it is a topic all dentists are interested in. "How can I get compensated for my services and still give my patients assurance of a successful recovery?"

Let It Go and See What Happens

Iowa

In this vicinity I know of no dentist who is satisfied with results from economic viewpoint. The fees received vary from \$1.00 to \$5.00 for treatments no matter how many are necessary. They are not sure of results and spend from fifteen minutes to several hours, depending on the conditions and how the case responds to their treatment, then let it go and see if anything happens. Few will tell if anything is going to happen and just what to expect. In fact, few like to treat infected teeth, and pass the buck, charging a fee not in keeping with time spent and yet too much for result obtained.

Accepting \$1.50 Instead of \$25.00

Ohio

Why should a dentist extract a tooth for \$1.50 or \$2.00, when it can be saved, and treatments alone net him possibly \$25.00 each?

Why should a dentist use ten or twelve times a preparation he thinks will accomplish results when Osogen can be used twice with the desired ultimate?

Months of Work at a Dead Loss

Massachusetts

Pulp-canal treatments by any of the old methods generally mean loss of time and money. The dentist could not get the fee that the time was worth and treatments sometimes had to be carried on for months, and often resulted in extraction which practically meant a dead loss, financially.

(To be continued)



© Photo by Anne Shriber

Professional Advice That Is More Than Perfunctory

*F*ORTY KINDS of mouth wash you might try and find much alike in their effect, or lack of it.

☞ Mercitan Lotion is different from all the others. It represents a new principle strictly in accord with modern dental purposes; and is entirely free from zinc chloride, formaldehyde and other harmful substances condemned by dental authorities.

☞ No dentist could wish for more effective action to supplement his operative work and to put real meaning into his advice on home treatment.

☞ Yet even the youngest patients find it delightfully agreeable and easy to use.

☞ How can any patient fail to appreciate the dentist's advice on home treatment when it is made so agreeable and is followed by such noticeably good results?

WITH YOUR APPROVAL, and without any bother or obligation on your part, we will arrange for a stock at any drug store that you may name.

FOR OFFICE USE the professional rates are attractive.

FOR EMERGENCY DISPENSING we supply 2 oz. bottles with prescription style labels, either plain or printed with dentist's name and address, at no additional cost for the labels.

FOR DETAILS please write to Toronto, or ask any salesman.

MERCITAN Mouth & Throat LOTION

A CAULK PRODUCT

Printed in Canada, The L. D. CAULK Co., OF CANADA, LIMITED, 172 John Street, Toronto.

SOUTHAM PRESS, LIMITED
TORONTO AND MONTREAL

Periapical Healing by Therapy and Surgery Compared in the Same Mouth

THIS EDITION 68,000 COPIES

CANADIAN EDITION

MILFORD NEWS

COPYRIGHT 1924 by The L. D. CAULK COMPANY,
COPYRIGHT 1924 by The L. D. CAULK COMPANY,

MILFORD, DELAWARE, U.S.A.—OCTOBER, 1924
OF CANADA, LIMITED, TORONTO.

NUMBER

37

Letters

On Pyorrhea Treatment
and Pulp Canal Therapy



The New Dentifrice

†
Dr. Quinby's Fifth Chart

†
A Case of Plant Poisoning

© Photo by Anne Shriber

What is a Hybrid Cement?

Urges 'Decent Price' In Medical Practice

"Easy money surgeons" and hospitals that "cloak themselves with a veil of charity" were denounced recently by Dr. Ernest A. Codman of Boston, who spoke on modern hospital efficiency before the last day of the medical education convention at the Congress Hotel. As reported in the newspapers, Dr. Codman said that the work of the general practitioner often requires more knowledge and more training than that of the general surgeon, but that the practitioner's rewards are infinitely smaller. And the surgeon gets the easy money.

"I have no objection to surgeons who get large incomes," said Dr. Codman, himself one of the best-known specialists in the country, "provided they are able and efficient in their work. But many of them are not.

"We should have a decent business price for goods delivered in medicine and surgery as well as in anything else. The medical man should be paid sensibly for his services, just as a mechanic or a taxi driver."

Dr. Codman went on to say that on the other hand many doctors failed to get proper remuneration for their services. Patients go through an "emotional convalescence," he said with pleasant irony, during which they are willing to pay—but not before or after.

The Banker Cussed

By H. B. Cole

Dr. C. W. Percival of Wolbach, Nebraska, recently began to use Mercitan. The first patient was a banker who had a bad case of pyorrhea. The dentist told the banker he just received a new treatment and he would try and save his teeth. He treated the patient for some little time, but collected no fee. When he finished the treatment he told the banker to wait thirty days to see if his trouble came back. At the end of that period the banker came to the office of the dentist and asked, "How much do I owe you?"

Dr. Percival replied, "Forty dollars."

"Forty dollars hell!" exclaimed the banker. "If it had not been for you and your treatment I would have had to have my teeth pulled. I was advised by another dentist to have them out."

He wrote his check for \$75.00.

The Book is Useful

On page 7 of Milford News No. 35 I found reference to exactly what I want—a book on Mercitan Treatment. I have never gone into the treatment of pyorrhea as I want to with Mercitan, because I did not know just how to use it, but I have

The Song or the Singer?

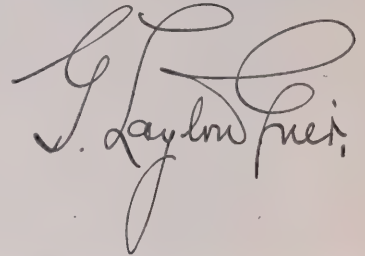
SOME dentists seem to think that the materials they buy contain some magical element that can turn the material into perfect work without any creative effort by the user. When things turn out badly for such folks they cuss the maker.

Others, of a different cast of mind, apparently can not conceive of any real virtue in any material whatever and abuse all alike, both by careless use and disparaging comment.

With both such customers, the manufacturer has a difficult time. No matter how much care he takes to prepare the information about the use of his products, they are persistently subjected to mishandling,—and he has to take the blame.

This condition is hardly fair, and fortunately is not so prevalent as it used to be.

Even the worst offenders, both among the magic-seeking optimists and the tragic-minded pessimists, are coming to see that if the would-be singer persistently fails in his performance, the fault may be elsewhere than in the music.



been keeping up with the articles in each issue of the *News* on cases of pyorrhea. Send me a copy of this Fourth Edition, if you please. *Milford News* is quite a good thing. I enjoy mine, because I use your products exclusively. I have been using your Synthetic and Alloy also Cement ever since I've been practicing—they give results.

What Golf Does to Us

By Don Marquis

From the New York Tribune via The Journal of the A. M. A.

The net result of the whole thing, of course, is beneficial to the human race. Public health is better because of golf.

Not that golf is itself a healthful game. Quite the contrary. Golf increases the blood pressure, ruins the disposition, spoils the digestion, induces neurasthenia, hurts the eyes, callouses the hands, ties kinks in the nervous system, debauches the morals, drives men to drugs, drink and homicide; breaks up the family, turns the ductless glands into internal warts, corrodes the pneumogastric nerve, breaks off edges off the vertebrae, induces spinal meningitis and progressive mendacity, starts angina pectoris and breeds wind on the stomach.

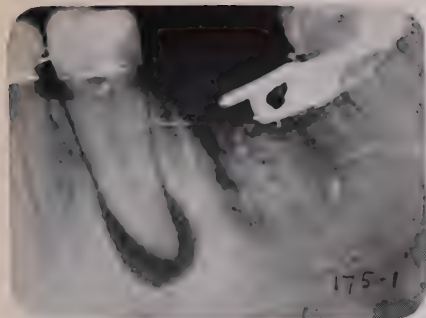
But golf keeps the doctors out in the open air, and that gives the people in the hospitals and sickrooms a chance to get well. Public health is better because of golf, generally speaking.

Volumes In One Paragraph

"I am returning my copy of Milford News, No. 32", writes a Syracuse (N. Y.) dentist, "to let you see that I cut out for future use the biggest chunk of real meat in the smallest compass that I have read in it since you have been sending it to me. My compliments to Dr. L——."

This is the paragraph; taken from "How I Built My Practice."

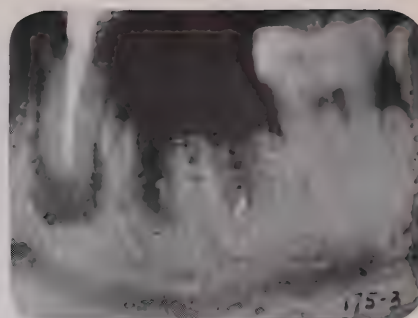
Any dentist can tell about prenatal feeding, lime and phosphorus in the child's diet, temporary teeth, the six year molar, the twelve year molar, how teeth form and grow, the function of the root, the purpose of the cusps, the shaping of the arch, mal-occlusion, tartar, how decay starts. The story goes on through nutrition and teeth; teeth and good looks; crooked teeth and pyorrhea; tartar and pyorrhea; missing teeth and pyorrhea, the meaning of orthodontia, the different kinds of restorative work, the gum-boil and rheumatism; the state of the teeth and the shape of the face; digestion and teeth, speech and teeth; school reports and teeth; insurance examinations and teeth. Trace the vicious circle around bad food, bad teeth, indigestion, headache, and the search for relief in the drug store instead of the dentist's office. It tells about the great life-asset of good health. Sickness is a liability more burdensome than a heavy debt. Health is the one most important thing in life. And good teeth—twenty-eight good, clean, healthy, natural teeth (or substitutes) and good sound gums are one of the foundations of a healthy body. I used to tell them that any durn fool knows enough to go to the dentist *after* the aching starts. But the wise one goes *before* it starts.



1 April 20, 1922



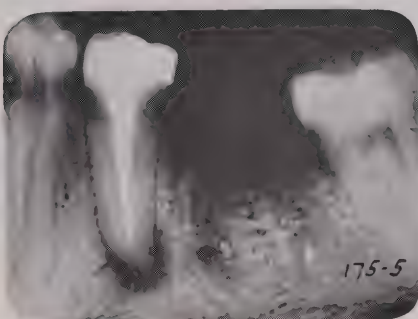
2 Diagnostic wire in place



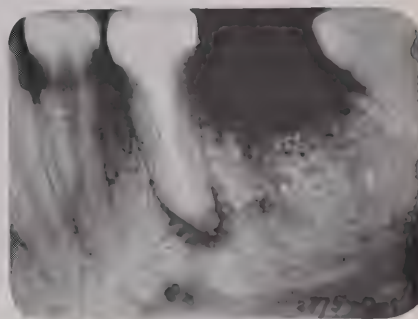
3 April 22. After Osogenation



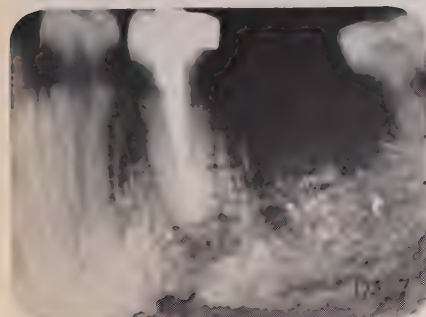
4 May 20. Tooth comfortable



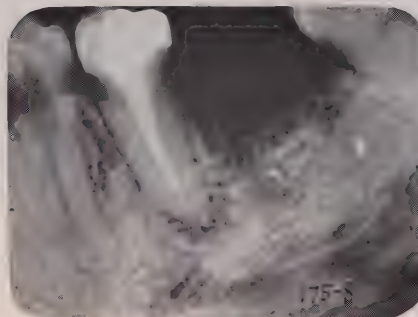
5 July 25. Tooth comfortable



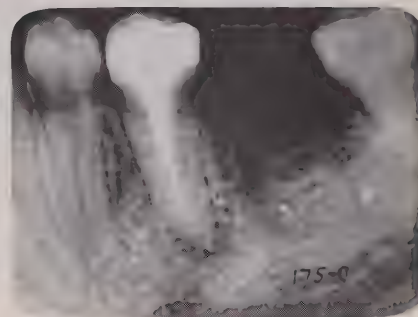
6 Sept. 9. Note the repair



7 November 2, 1922



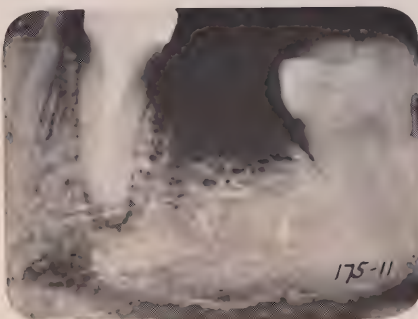
8 January 15, 1923



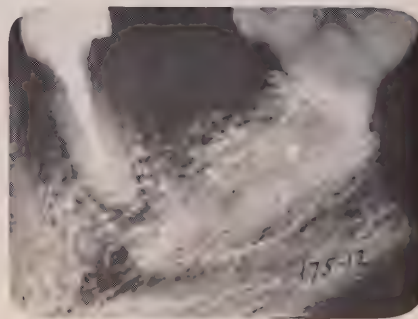
9 March 15, 1923



10 May 25, 1923



11 Oct. 26. The last picture in "Osogen Book"

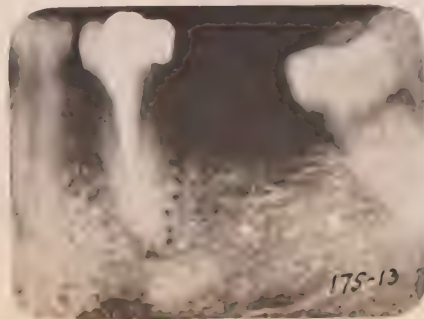


12 January 9, 1924

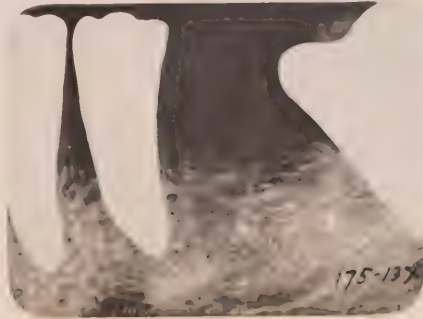
Healing after
OSOGENATION
compared
with healing
after
EXTRACTION



Both conditions
exhibited in the
same case



13 May 23, 1924. Note the equal progress of healing in treated area and molar sockets



13x The same as picture 13 but with the dentistry blocked out

Would you
now advise
the extraction
of any of
these
teeth?



Osogen case 175
See case report
page 8



"Some hae meat and canna eat, and some wad eat that want it;
But we hae meat and we can eat, so let the Lord be thankit." —Robert Burns

PHOTO © BY
ANNE SHAIER

Good Counsel

"ADVICE is like snow," wrote Coleridge, "the softer it falls, and the longer it dwells upon, the deeper it sinks into the mind."

Anecdotes are often told of patients continuing to wear artificial dentures for years without taking them out for any purpose, simply because no one ever told them what to do.

Every denture patient can benefit from some bit of professional guidance.

The mental reaction can be made much less critical by teaching how to appreciate a new appliance, and how to keep it in smooth, clean, sanitary condition.

Even those who have worn artificial dentures many years are grateful for professional instruction.

The story is a long one, however,—too long to tell while the waiting room remains occupied.

The easiest way, and most effective, is to hand the patient a copy of "Comfortable Dentures"—for attentive reading at home.

This booklet supplies the information considered correct by most practitioners. It mentions Dentu-Creme in the chapter on cleaning, but otherwise contains no advertising.

Copies may be had without any obligation except your co-operation in prescribing the only material that can keep the denture in smooth, clean condition and therefore comfortable—CAULK DENTU-CREME.

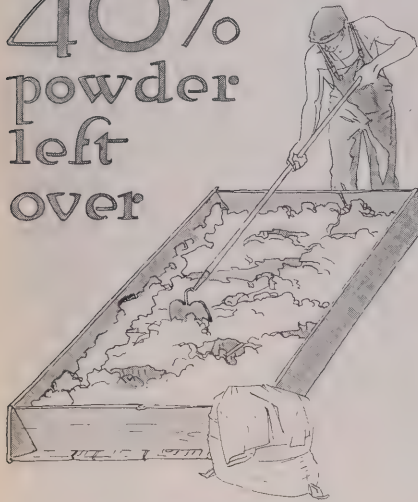
May we send a specimen copy now, while you have it in mind? Address The L. D. Caulk Co., Toronto, Canada.



RETAIL 50c. PER TUBE. Carried in stock by dental supply dealers. Professional rates to dentists. Any druggist can easily get Dentu-Creme for your patients by ordering from his wholesale jobber. Or if you will send the druggist's name we will make all necessary arrangements direct with him.

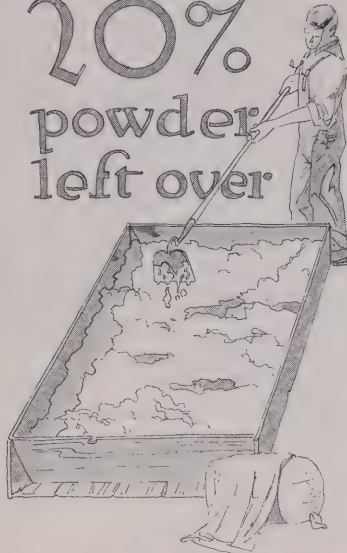
Temporary Cement

40%
powder
left
over



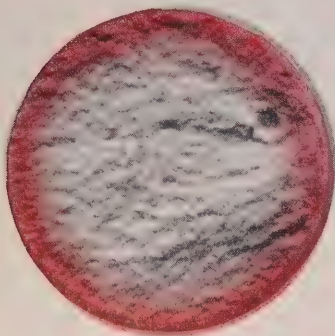
“Hybrid” C&B Cement

20%
powder
left over



Caulk C&B Cement

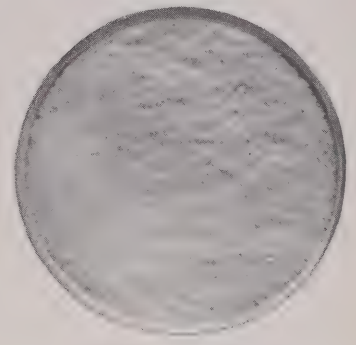
ALL
powder
mixed
in



Magnified 10 Diameters



Magnified 10 Diameters



Magnified 10 Diameters

The Difference in Proportions of Powder and Liquid in the Cement Mix

WHEN we measure the permanence of cements, naturally we find the temporary type at the low end of the scale,—where it belongs. Temporary cement is purposely made weaker than crown and bridge cement. Its flashy setting limits the amount of powder that can be put into the mix, and the powder is usually of coarse texture.

At the top of the scale we find a crown and bridge cement. Strength, resistance to penetration, fine, vitreous, close-grained texture are all desirable in this type of material; and, in fact, are *essential* for the service required.

In between the most permanent and the least permanent cements we find a variety

TEMPORARY CEMENT
0.25 c.c. Liquid takes 0.60 gms. Powder



“HYBRID” CEMENT
0.25 c.c. Liquid takes 0.80 gms. Powder



CAULK CEMENT
0.25 c.c. Liquid takes 1.00 gms. Powder



METHOD: 1.00 gms. powder weighed and 0.25 c.c. liquid measured out. Mix made in uniform manner, in standard time, at standard temperature, (68°F), to standard consistency. All left-over powder then weighed and recorded as above.

of materials called crown and bridge cements, but which really show some of the characteristics of the temporary type. Such cements, compose a “hybrid” group, being neither as permanent as could be desired for cementation nor as easy to remove as a temporary filling should be.

One sign of the deficiency in the hybrid cements shows in the amounts of powder that can be put into a mix, when equal quantities of powder and liquid are tested under the same conditions.

In such a test, cement of the temporary type will take the least amount of powder into a standard quantity of liquid, and the largest proportion of powder is taken by

(Continued on page 14)

What Can Be Done for the Oral Machine?

CHART No. 5—BY E. MELVILLE QUINBY, M. R. C. S., L. R. C. P., D. M. D., BOSTON, MASS.

Requirements of Any Machine

BUILDING UP
FITTING OF PARTS
CLEANING

I Building of Parts NUTRITION

FOR PATIENTS SIXTEEN TO TWENTY-FIVE YEARS OF AGE.

A wholesome mixed diet based on { Age.
Occupation.
Environment.

In individual cases seek advice of physician. The *physician* selects food supply; *dentist* keeps port of entry hygienic.

Diet should contain { Protein, to repair tissue and build muscle.
Fats.
Carbohydrates. } Energy and heat.
Mineral salts, for skeleton and teeth.
Water, forms solution of constituents of food supply.
Whole milk, leafy vegetables, whole wheat bread or cereal, fresh fruits contain required elements—lime, iron, phosphorus.
Vitamines { Fat-soluble.
Water-soluble. } To complete assimilation.
Anti-scorbutic.

Food should be masticated, especially starches, thoroughly and slowly.

II Fitting of Parts OCCLUSION

NORMAL (*individual*) occlusion is desired for a perfect machine in centric and eccentric occlusion.

Look out for { Congenital non-occlusion.
Traumatic occlusion.

Where teeth have been lost, spaces must be scientifically filled.

Correction of malocclusion, etc., by { Orthodontia.
Grinding teeth.
Prosthesis (*scientific*).
Dental orthopedics.

Radiography, charts, study models to guide treatment.

III Cleaning of Parts [ORAL HYGIENE]

CARE OF MOUTH.

1. Routine care (*home*).

- Small brush, bristles well separated.
- Brush up and down or Charters' method.
- Special directions from dentist.
- Ribbon (*graded*) dental floss.
- Tooth powder and paste.
- Mouth wash.
- Tongue cleaning with scraper.
- Mouth toilet, especially after breakfast and before retiring.

2. Dental office (*preventive*).

- Disclosing solution { Films.
Plaques.
Stains.
Deposits.
Bacteria.
- Mouth complexion, to recognize early lesions of gingiva.
- Odontexesis.
- Apoxesis if necessary in periodontoclasia.
- Advice as to home practice.



These Are a Few of the Pictures

In the new pamphlet "Osogenation," a supplementary edition of the complete technique, containing many new photographic and radiographic illustrations, the new technique for extirpated cases, devitalized cases, the use of Eutone instead of phenol, with a technique for bleaching, and other features of the pulp-canal method that is proving as practical in fifteen thousand operating rooms as it originally did and still does in the Caulk Clinic.

A card addressed to The L. D. Caulk Co., Toronto, Canada will bring a copy free of charge.

How to Save One Cent

By JAMES W. EDWARDS, *San Francisco*

SOME one is traveling through this state of California selling alloys made up to any formula, at about half the regular manufacturer's price. Of course the claim is that the spurious products are just as good as the genuine.

Let us think it over. What does a formula amount to, if not backed up by ability and experience? If a formula could guarantee a result then any blacksmith could restore a tooth after reading the text books that tell how to do it.

The few really high grade alloys are produced by manufacturers who maintain research costing many thousands of dollars per year, for the sole purpose of developing and maintaining the necessary quality in their products. They do this because the fact has been proved time and again that small differences in alloys can make great differences in fillings. It takes a trained scientist, working with the most delicate testing devices, to find these differences in alloys, but any patient can see with his own eyes the resulting differences in the fillings. No dental restoration can be any better than the stuff that is in it.

Is it reasonable to suppose that (simply on the basis of a "formula") high grade alloys can be duplicated by any peddler of imitations, made perhaps on the kitchen stove? How do we know what his formulæ are worth to begin with; what is the quality of the metals he uses; what does he know about the job anyway; and how do we know that all his supposedly different alloys do not come out of the same pot?

Can any self-respecting dentist afford to take a chance of failure in order to save *less than one cent per filling*?

Any man who will take this chance is some *gambler*, sure enough!

Does It Again!

I have used your alloy, find it good. I now have two ounces left on a five-ounce shipment and am ordering another five ounces now.—*Hellier, Kan.*

Beauty and Strength

I have met with no trouble in using Twentieth Century Alloy, and find it makes a beautiful restoration when finished up properly.—*Barnes, Kan.*

Good Enough to Write About

A short time ago I had the pleasure of using your Diamond Point Stopping and found it more than satisfactory

—*Brooklyn, N. Y.*

When Joe Vigneau, on his recent trip around the world, stopped at Zululand, he found the sultan a peculiar and particular chap. He has a dozen new wives every year. All the pretty girls are rounded up annually, bathed, perfumed and so forth. As they pass the Sultan, he wets a finger and presses each cheek. Those that sizzle, he keeps.

I have found no other mouthwash so efficacious or so pleasant to use as Mercitan Lotion, and do not want to be without it.—*Lowell, Mass.*

Healing After Treatment Compared With Healing After Extraction

Osogen Case 175—See Case Report on page 3.

THIS case offers a graphic comparison of the results of surgery and of treatment by Osogenation.

In this case, where a molar was lost through extraction, the sockets healed satisfactorily; and the rarefied area about the apex of the bicuspid healed with equal rapidity after the bicuspid was treated with Osogen.

This case was published in the "Osogen Book," page 89, with radiograms including number 11, which was the last picture available when the book went to press.

The patient is a young woman, age twenty-five. Diagnosis, chronic alveolar abscess becoming acute. Very little swelling, but jaw very sore. Lower left second bicuspid sore to percussion.

Radiogram No. 1 taken April 20, 1922, shows the rarefied area about apex of the second bicuspid, also the open sockets of the first molar recently extracted (elsewhere). (The white specks probably indicate fragments of gutta-percha or amalgam in the sockets.) Pus exuded when canal was opened. At the first visit the canal was cleaned and Osogen Fluid sealed in. Treatment with Fluid repeated April 21.

On April 22, the tooth was comfortable and the canal was filled with plastic Osogen (slightly underfilled) and a short plug of gutta-percha was added for compression. Some exudate was still present in the apical end of the canal at the time of filling.

From May 20, 1922 to October 26, 1923, the patient was recalled eight times for radiographing; and each picture showed progressive repair closing in about the apex of the bicuspid, increasing in density and keeping pace with the repair in the sockets of the extracted molar. The tooth continued comfortable.

The most recent picture now available in this series is number 13 taken May 23, 1924, two years and one month after filling. The patient has been constantly in good health. Physical, clinical and radiographic manifestations of the case are all showing satisfactory progress.

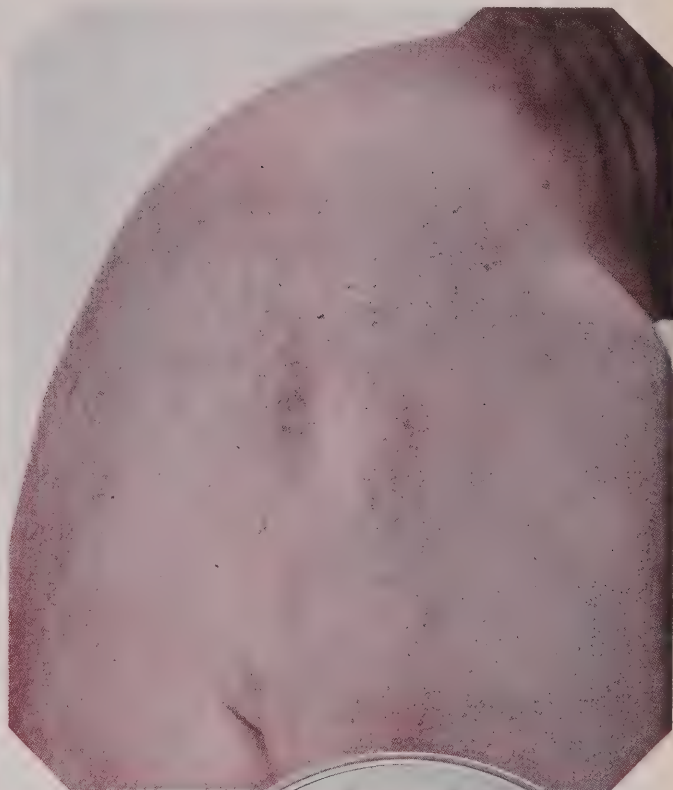
Polk Expects Every Dentist to Do His Duty

The publishers of Polk's Dental Register advise us that at the time of reporting to us only slightly in excess of twenty-five percent replies have been received to 65,000 questionnaires mailed by them, presumably to every dentist in the United States and Canada.

The failure to send in *your* name may imply only a small number of dentists in your city or town, and may thus mislead those who desire to change location or who are establishing themselves in practice.

Many seem to think that because their address is the same now as it was in the 1917 edition of the Register, a reply to the questionnaire is not necessary. This is an error. Unless you will reply or send in your name, it must be assumed that you are no longer in practice.

The accuracy and completeness of the new dental directory depends on cooperation by each individual dentist. The publishers are sparing no expense in time or money to secure every name. But many of their letters are returned endorsed "not there," "moved," "left no address," "not known," "not found," etc. If you have not sent in your questionnaire please send it at once. If you have not received one, please send your name and address to R. L. Polk & Co., 536 S. Clark Street, Chicago, Ill.



Above, at the Left
Photograph 1

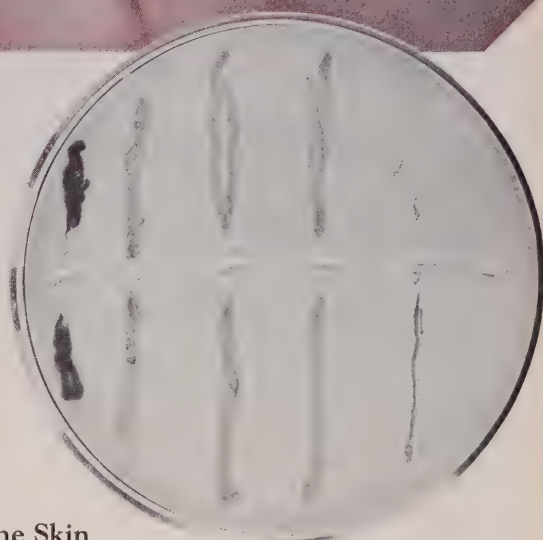
Plant poisoning followed by infection. Condition when patient presented, August 25.

Above, at the Right
Photograph 4

Healthy condition of the skin on September 11. The result of treatment with Mercirex.



Photograph 2. Smears taken from pustules and vesicles, grown on litmus lactose agar. Five streaks are staphylococci. One is the micrococcus prodigiosus.



Photograph 3. The adequate bactericidal properties of Mercirex demonstrated by small portions crossing culture streaks, each portion surrounded by a sterile area.

Plant Poisoning Followed by Infection of the Skin Successfully Treated With Mercirex

The following report in connection with treatment of a skin lesion caused by irritation from plant poisoning aggravated by infection, was recently made by the Caulk department of Bacteriology and Pathology.

The patient, a gardener, age 71, reported at the Caulk Research Clinic August 25, 1924. Photograph 1 shows the condition on this date, before treatment. The right shoulder and upper arm were affected with a rash of deep red blotches with vesicles, some filled with clear serum and some with a cloudy whitish, purulent fluid. Itching was intense, and the infected parts were becoming larger.

A smear, examined microscopically, showed many pus cells and many microorganisms, chiefly diplococci, some of

which were engulfed in the leucocytes.

The skin was washed with alcohol. Some of the vesicles and pustules were opened with a sterile scalpel and the contents expressed. Litmus lactose agar plates inoculated with streaks of this material, developed many colonies. Transfers from six colonies were made to another plate. The result of this growth is shown in Photograph 2. Five streaks consisted of staphylococci and one of micrococcus prodigiosus.

Another plate was inoculated with streaks from the plate shown in Photograph 2. Then a small portion of Mercirex was placed across each streak. Photograph 3 shows the sterile field about each portion of the Mercirex, demonstrating that Mercirex has bactericidal properties

more than sufficient to cope with a skin infection of this type.

After the smears had been taken as described, the affected parts were washed with Mercirex Soap and warm water, followed by an application of Mercirex Cream, and the patient was instructed to repeat this treatment twice a day at home.

Three days later, August 28th, considerable healing had taken place, and the spread of infection had been arrested. The patient reported that the itching had been greatly relieved by the first treatment. He was instructed to continue the treatment.

Photograph 4, taken September 11th, shows the skin free from infection and completely healed.

Letters WRITTEN BY DENTAL SUPPLY SALESMEN in response to the question: "What is the true condition of pulp canal treatment as an ECONOMIC factor in dental practice?"

Seeing Ourselves As Others See Us

(Concluded from previous issues)

EXTRACTION AN EXCUSE TO DODGE TROUBLE

Pennsylvania

With the dentist of eastern Pennsylvania as I know him, root canal work has been very unpopular for two very good reasons:

1. Because of the uncertainty and ultimate failure of even the best treatments and filling materials.
2. Because patients were not trained to pay for this work, even partly commensurate with time and patient required.

Until three or four years ago the better class of dentist plugged away at root canal work with the best materials at his command, charged as much as he felt the patient would pay and got his real reward in the form of satisfied conscience.

But even the barrier of conscience was broken down when leaders of the dental and medical professions condemned the treatment of so-called "dead" teeth and recommended their extraction.

The average dentist being sick of root canal work, its hopelessness and unprofitableness grabbed this "extraction for health" dogma as the way out of the trouble, and now they seem to like it.

The problem now is three fold.

1. The dentist must be convinced that at last a successful treatment and filling for root canal has been developed, and by being simple and quick it is no longer unprofitable.
2. The dentist must be brought back to his old conscience with regards to the saving of teeth, and convinced that even his future economic advantages lie in the direction of saving, rather than extraction of teeth.
3. The public must be trained to an appreciation of the value of service rendered in connection with root canal work, and it will then be willing to pay for it.

TIME LOST AND NOTHING DONE

Pennsylvania

Treatments are not a profitable part of practice among my customers. They are to a large degree extracting, and have extracted from their own mouths teeth with infected roots—rather than go to the trouble and expense of necessary treatments.

Because—It is a difficult task to sell this sort of work to the patient, who often insists that the tooth must come out, feeling (which, of course, is wrong), that extraction alone will eliminate the trouble. Many dentists permit this without the warning that nothing less than surgical removal will insure the complete removal of infection.

Because—The treatment which they are now using, which in the different offices is what each one considers the best, either by personal experience or recommendation of others, is so *inferior and unreliable, so difficult to handle and dangerous* as to cause *uncertainty* in the operator's mind about the result or the good accomplished, if any.

Treatments, therefore, remain on the unprofitable side of the ledger, because many visits are necessary and little or no good is accomplished, and no proof of results accomplished can be

secured to show to patients to merit the fee worthwhile—nor to the dentist to fortify him in attempting to make a charge. Mr. Dentist feels that he cannot make a charge and get away with it.

Takes too much time! Results too uncertain!

They are fearful to suggest an X-ray picture, as it may show nothing worthwhile has been accomplished.

Osogen solves this problem because it assures positive results in a reasonable time and because the results can be proved by the X-ray.

NO RESULTS, NO PROFIT

Massachusetts

Root canal treatment, by the dentists to whom I have talked, is an unprofitable procedure. The operation is lengthy, taking many appointments for which the dentist is unable to charge, and in the end many times being forced to extract the tooth treated because of further infection after it has been filled. Most dentists when asked how they treat putrescent and periapically infected teeth, state that they will not give the time the operation requires to successfully treat teeth by the old methods, but say they extract in every case, because treating teeth requires many ap-

pointments without sufficient financial return, for, in the end, all the dentist has to sell is his time.

NO CONFIDENCE IN OLD METHODS

Massachusetts

Pulp-canal work has not been a profitable part of the practice among the greater part of the customers in my territory, because up to the present time they have not had a treatment in which they had absolute confidence.

So for "safety first," in lots of cases they have taken the tooth out, which was hard on the patient, but more profitable to the dentist.

EXTRACTION FEE NOW RATHER THAN TREATMENT FEE LATER

Georgia

Why should a dentist extract an abscessed tooth at the extraction fee when he can treat the same tooth with Osogen and receive the extraction fee for each treatment?

Most dentists are "leary" of teeth with abscesses, putrescent pulp-canals, and apical abscesses, but when you look back a few years and heard talk of people flying in the air like birds and find them doing so today, it convinces you that nothing is impossible; so why not try the method that will eliminate extraction of a lot of teeth that can be saved? When a patient comes in with a tooth in above condition and when he insists on extraction—you insist on the treatment and if it proves a success, as it will, charge your fee. But if it fails to (skeptical dentist), then extract it at a fee of an extraction. The dentist should be easily convinced of the need for an article with the merit of Osogen.

Our good friend, Harry Bosworth, lists treatments under "Non-Productive Dentistry," but Osogen will move it to the productive side.



EUTONE—for Osogenation

EUCALYPTOL, chloretone, menthol and thymol are combined in this useful preparation. Its principal purpose is to prevent post-operative pain caused by instrumentation in the pulp-canal. It has no reaction with Osogen Fluid, does not interfere with the setting of plastic Osogen, is non-irritating, non-escharotic, and exerts a more prolonged anaesthetic action than phenol.

Your Dealer Can Supply It



Taken From the Ruins in
Tokyo

Stellite Instruments Not Affected by Intense Heat



This plate glass mixing slab and three Caulk Stellite instruments were in use at The Tokyo Dental College. Mr. K. Moriya picked them up in the ruins after the great earth-quake and fire

and recently brought them to Milford. The heat was sufficient to curl the inch-thick glass, yet the Stellite instruments were not in any way warped or damaged.

I am using Osogen every day with fine results and no trouble. The work meets the requirements more than any other materials I have ever used. I feel this is far ahead of any other method and so far I have had better results with Osogen than any other; and it can be worked with very much more ease. Thank you very much for your book. Is a wonderful piece of research.—*Easton, Md.*

When I digested your book I ordered an outfit by telegraph. I have no hesitancy to say I am confident you are right in your exposition. I am using Osogenation with much satisfaction and confidence; after thirty years of strenuous labor with old methods I have discarded all but yours.—*Daytona Beach, Fla.*

I am using the Osogen in my work and so far no failure. Will answer you more fully as soon as I get time. The book is an excellent and concise treatise; also very practical.—*Savanna, Ill.*

Osogenation Will Be Taught In College Next Year

"The school year drawing to a close," says a letter from one of the larger dental colleges, "I want to thank you for the copy of the book you kindly sent to me. We have been trying out Osogen for the past four months and think we have at last found something that will be a success.

"We have had many successful cases carried out under this treatment and two cases in particular that were pronounced incurable by practitioners in the city. We took these cases under our supervision, treated with Osogen, and in a week both cases were clear and the three teeth in question were filled.

"We expect to carry on with Osogen next school year and plan to teach this technique to our sophomore, junior, and senior classes. We want to know if your company can supply the necessary slides for me to use in connection with my work so that I may be better able to explain the

'How, when, and where' of Osogen to the students.

"I also would like to ask you to try and get me slides for Synthetic Porcelain, showing all those cuts in your booklet.

"We believe we can teach better dentistry by using the stereopticon, bringing what you are teaching before the eye."

Hocus-Pocus Irritation

"Anent the remark in your recent article entitled 'Shoo!' I wish to remark that if the adhesiveness possessed by the glue of the eminent Le Page were offered to us as a reason for filling cavities with glue, I could almost believe that some dentists would succumb to the idea. When our college chemistry and physics have dried up and rubbed off we are apt to find ourselves so credulous that we are in danger of believing any kind of pseudo-science, even the kind of hocus-pocus manufactured for the Sunday supplements."—*D. G. M., New York.*



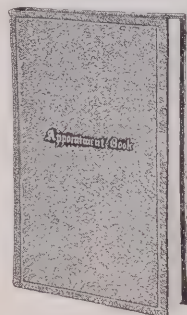
"The Spirit of the time Shall Teach Me Speed!"

MERCITAN is different from all other remedies for pyorrhea, and the Mercitan Method is different, because it does quickly what other remedies and methods do slowly, if at all. No other known treatment equals Mercitan in the *rapidity* with which it carries oral tissues from inflammation and suppuration to clean, firm health.



Painless Bookkeeping

BOOKKEEPING is often the weak spot in an otherwise successful practice. The WARREN CARD SYSTEM claims no hifalutin efficiency, but has the great virtue of reducing the details to a happy minimum. Yet it gathers enough information to keep the financial summary in good order, and has been doing so many years for a great number of satisfied users.



Day, Evening and Sunday by Half-Hours

APPOINTMENTS can be made in this handy book every half-hour from 8 A. M. to 5:30 P. M., including Sunday. A special section on colored paper provides for evening appointments from 6:30 to 9 P. M. A half page a week is left blank for memoranda. Calendars for last year, this year, and the next are included. The paper takes pen, pencil and eraser. The binding is the tough kind that lasts through the year, and the size (4 by 6½ inches) is just right either for pocket or bracket table.

Psoriasis

I have had better results from Mercirex than any other remedy I have ever used. My ailment has been a long standing one. It is psoriasis—more of a blood disease than a skin disease. I have also been troubled with indigestion for quite a number of years. I break out on arms and knees in very red spots the size of quarter, but since washing with your soap and applying ointment they have gradually dried up and disappeared.—*Philadelphia, Pa.*

My wife has been using Mercitan Lotion for some time past on the recommendation of Dr. — and has had very good results.—*Buffalo, N. Y.*

Okay

Your Crown & Bridge Cement is no stranger to me. It is O. K. in all respects and I will continue to use it always. *N. Y.*

H. H. Goetze says, "The only real way to get things cheaply is to buy the highest quality; for men and institutions of the best reputation have attained that reputation only by giving the biggest value for every dollar. Their relations with everybody are on the square. You don't have to be a friend of a friend of theirs to get full value for your money."

Her Hands

My skin trouble is on my hands. It starts with itching redness, and then small blisters appear which increase rapidly and finally become one. The skin around them becomes thickened and after blisters break crusts form. Since using your treatment all the above conditions have disappeared and my hands have become almost normal again.—*Philadelphia, Pa.*

Good Road Maps and Plenty of Sign Posts

"I have been particularly interested in the last issue of MILFORD NEWS," writes a New England dentist, "and after reading the statement regarding Synthetic Porcelain I am prompted to write you that for many years I have used Synthetic Porcelain and feel that I get very satisfactory results. It is my firm conviction that when results do not measure up to what I feel they ought the difficulty lies with me rather than with the material.

"I feel that anyone who will follow explicitly the directions for its use that are published there is every reason to expect the filling to fulfill its purpose. I took particular pains to follow the directions as closely as the intelligence within me can interpret them.

"To me there are few places where this material cannot be used. I have corners built out which have preserved the teeth now for two or three years and today look as good as when they were put in. I always tell students that IF they will follow directions carefully, IF they will use the many little accessories that are gotten out to help the operator do good synthetic work they will have no difficulty. I impress upon them that the cost of these little helps are as nothing when taken into consideration with the results they may expect to attain.

"Your demonstrator, Mr. Truitt, is responsible for showing me how to use Synthetic Porcelain more correctly. I feel that we dentists should be grateful to the Caulk Company for the many helps that company gives to our profession (even though it may be merely from a business standpoint) through the splendid directions published in connection with its products."

Fourteen Are Enough

Eight shades of Synthetic Porcelain are enough to match the great majority of natural teeth (about 75 per cent). The fourteen shades can be blended to match *all* natural teeth. Many teeth can be matched directly without blending.

The blending system is the easiest, surest and most practical system ever devised and costs the dentist nothing.

I would like to know if I can get your Mercitan Lotion by the half dozen bottles. It is very satisfactory and the whole family uses it; so I would like to know the quantity rates.—*Hayward, Calif.*

My Wife Says

I have used the Mercirex and it has helped me wonderfully. The soap is fine. My wife thinks it is fine for bathing, as it destroys all odor of perspiration.

—*Essington, Pa.*

MER DENTIFRICE

*"Please advise me where
I can obtain it" writes
a dentist of El Paso, Tex.*

"I have used it personally and I believe you have perfected an ideal tooth paste which will stand the professional test as all other Caulk products have. Will it be sold thru druggists or dental depots?"

ANOTHER PRACTITIONER writes from Aeolian Hall, New York, "I have long desired a paste or powder that would give results I think a dentifrice should give—but seldom or never does. So far, I am very much pleased with the effects of Mer Dentifrice. If it continues to

prove as good as it gives signs of doing, I will gladly and freely recommend it to all my patients."

EQUALLY FAVORABLE LETTERS are coming from dentists all over the States

"I AM NOT IN THE HABIT of recommending any particular tooth paste," says one letter, "but this has proved so fine it makes me advise its use. I use it regularly." "If you write my druggist, mention my name," says another, "I feel at last I have discovered a paste I can recommend to my patients and the public."

Any dental supply dealer can supply you at professional rate. Any druggist can get it from his wholesale jobber or direct from us.

THESE are some of the high-light features which account for the professional comments.

It is not built on any fad or worn-out theory.

Originally made for Caulk Research Clinic because no other would do.

Embodies several effective innovations.

Neither acid nor strongly alkaline.



Retail price 35c
Three tubes for a dollar

Cleans the teeth safely, without destruction.

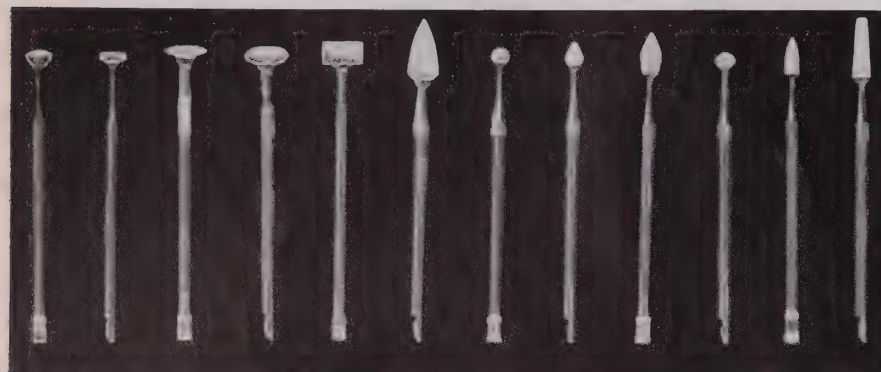
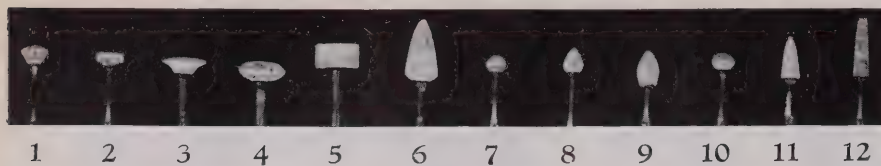
The polishing agent is non-crystalline and of a hardness one degree less than cementum.

Contains no fermentable substances and no powerful drugs.

FUTURE ISSUES of Milford News will give interesting details.

IF YOU WANT IMMEDIATE INFORMATION, we will be glad to furnish full particulars and will also arrange for stock in any drug store you name.

THE L. D. CAULK CO.,
Toronto, Canada.



MOLD GUIDE OF ACTUAL SIZES

Caulk ALPINE Points

UPPER ROW: Alpine Abrasive Points. Yellow label. ¶ Made of coarser grit than the Finishing Points. ¶ Sand color. ¶ For clean, fast, cool cutting wherever small stones are required. ¶ Specially useful to cut away bulk excess from Synthetic Porcelain restorations. ¶ Several times the amount of actual grinding can be done with Alpine Points as compared with any other abrasive point now used in dentistry. The first practical trial will prove this difference.

LOWER ROW: Alpine Finishing Points. Blue label. ¶ For smooth, immaculate finishing of Synthetic Porcelain Restorations. ¶ Hard enough to polish the hardest of all filling materials—de Trey's Synthetic Porcelain. ¶ Yet snow-white, so that the restoration will not be soiled. ¶ Good for all fine finishing in the mouth. ¶ Alpine Points will do more work than any other kind of dental abrasive point, with less wearing down. They hold their shapes.

With our X-ray department of the clinic, I now have under observation altogether, six cases; two of these are completed and two with second and two with first treatment. I thought that after awhile I would send you the X-rays and report the findings of these cases, for I believe it to be no more than fair to you who have given us so much that we should co-operate with you for better results.
—Berea, Ky.

A User Says "Ideal"

I received the book and am now using Osogen. Seems the most ideal root filling and treatment to date.—Chicago, Ill.

The Difference in the Mix

(Continued from page 5)

the cement which afterward proves to be the most durable in mouth conditions.

Cements in the "hybrid" class average about midway on the scale—they take about twenty per cent more powder than the temporary cement and about twenty per cent less than Caulk Cement.

The practical result of this deficiency—the part that interests the dentist most—is that the hybrid cement is never up to standard in cementing qualities.

More Powder in proportion to liquid is taken by Caulk Cement than by any other. In other words, Caulk's material *requires less liquid* to make the same amount of cementing substance; and in strength, dense texture, imperviousness, adhesion, it

marks the highest point so far attained in the development of this important "foundation" material of dental practice.

The Results Give the Evidence

The work you people have done scientifically meets with the requirements in pulp-canal therapy as we meet them in general practice. It has been my experience that essential oils have practically no power to penetrate the moist tissues and that consequently the hope of deep sterilization by means of such oils is a delusion. It is my impression that the value of alkalizing the infected area cannot be too highly estimated or overlooked as this will surely aid in the rarefied area being filled in by a process of natural healing. I also have no doubt that when the X-ray shows a progressive filling-in of bone in a rarefied area, when the tooth is comfortable and the patient shows no secondary involvement, that this result presents conclusive evidence that the treatment has been effective.—Pendleton.

Unlike the Average Because It is Interesting

I have read the book through from cover to cover three different times and the research part a great deal more times than that. The theory of it appeals to me but I can say nothing about it clinically not having used the product yet. The scientific requirements as it seems to me are fully satisfied; what more could anyone ask? I have used all other forms of treatment including ionization, which I like but it has too many disadvantages, such as expensive equipment and difficult technique (if employed correctly). If your product and technique and results are what you claim I would certainly discard ionization for it. It has been my experience in the fifteen years I have practiced that essential oils really have not the power to penetrate moist tissue. Alkalizing infected areas ought to appeal to anyone sufficiently informed on the subject. Filling in of rarefied areas in bone tissues after proper radiographing in my mind would be conclusive evidence of effective treatment. The book as a whole is very instructive and has revealed root-canal work to me in a different light than heretofore. The work should be read and re-read by every general practitioner of dentistry. Those who do not read it are certainly missing some very interesting information. The scientific discussions and illustrations, unlike the average are interesting, and much of the effect of the product upon different tissues can be learned from it. Personally I have enjoyed the book and certainly appreciate the contents.—South Bend, Ind.

1594 *Pennsylvania*

I am getting so old and slow that night comes now before my work is half done. In consequence I haven't found time to read your book as yet, in fact I even neglect my Bible. Nevertheless, I am still getting good results from Mercitan.

1595 *Pennsylvania*

The fact that you had your Mercitan treatment on a firm basis was proven by the few critics who, had they read your directions, would not have needed to mention what thorough scaling, etc., will do. It is not a miracle worker, but with good, conscientious efforts made to put the teeth in shape and give Mercitan a chance, it will do all you claim, but results are negative to the *lazy* man or one who does not have enough faith in it to work hard for success.

1597 *Pennsylvania*

I believe the dentist who does not have success with Mercitan is the fellow who does not scale properly and get rid of all calculi. Mercitan will then do the rest.

1599 *Maryland*

I have tried thoroughly nearly every other treatment for pyorrhea that I know of, but I can say truthfully that I have gotten better results from Mercitan than any preceding. I am still using Mercitan with a great deal of satisfaction.

1600 *Maryland*

Have used Mercitan on several cases and results have been beyond my expectations.

1601 *Pennsylvania*

Since adopting the Mercitan technic I have not as yet failed to clear up the most aggravated type of gum affection. Previous to my taking up with Mercitan I had several stubborn chronic cases lingering on, all of which have since yielded to Mercitan treatment with most gratifying results.

1602 *New Jersey*

Mercitan lives up to every promise. Patients and myself are both praising Caulk and Mercitan for its existence.

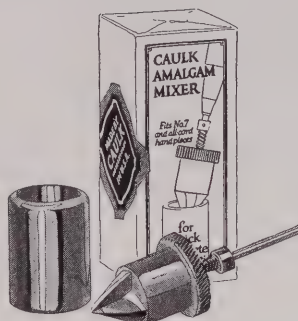
1604 *Virginia*

I have just about finished up one year's experience with Mercitan. I hesitated to make any statement until I had tried it out thoroughly. When I received my first allotment last March I got in touch with some of my friends here and asked



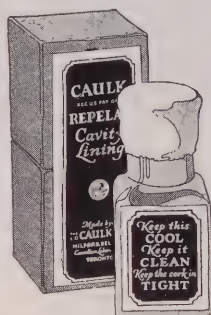
Eight Particles in the Space of One

EXTREME fineness in the powder of CAULK CEMENT has an important bearing on the strength and durability of the cementation done with it. As many as two to eight particles of Caulk Cement Powder can be put into the space occupied by one particle of other cements.



Thorough Trituration Increases the Strength of Amalgam

THE CAULK AMALGAM MIXER operates on any dental handpiece. It positively cannot do any damage to the handpiece or motor. For complete amalgamation every particle of alloy should be well rubbed into the mercury. This simple device tritulates, rubs and combines the alloy and mercury in a perfect plasticity that is impossible by hand manipulation and does it all in a fraction of the time required for ordinary methods.



Liquid Cellulose

CAULK REPELAC painted on dentin or any other surface inside or outside the mouth forms a tough, non-shrinking, acid-proof sheet of "Celluloid"—the same kind of tough material that is used to make windows in automobile curtains and many other well known articles. Besides the combination package REPELAC is also sold in the single bottles illustrated here.

Moss-covered Notions

"Synthetic Porcelain Won't Stand On Biting Edges."

"All Cements Are Alike."

"I'll Wait Until Somebody Else Proves Out Mercitan."

them to send me some of the rottenest cases of pyorrhea they could find and they proceeded to do so. I gave them the best efforts I had in treating these cases, and the results have been very satisfactory. In all, I have treated and discharged ten patients, and have several in the process of treatment. I find that it is not a lazy man's job. That your instructions must be carried out to the letter. If you fail to do so, the results will not be satisfactory. I have now a patient that had been under the care of a pyorrhea specialist for about one year and his mouth was in a horrible condition. After the second treatment, when he came in he made this remark: "My mouth feels better than it has for two years." I believe you have hit the nail on the head and that Mercitan is a real blessing to humanity.



Photo by Anne Shriber

*"He That Is An Authority, Let Him
Speak Like One"*

*T*HE scare-head advertising of miraculous do-alls and cure-alls for teeth and gums has spent its effect.

The dentist is rapidly coming into public focus as the *one* authority on matters of mouth health

Everybody expects that the dentist's advice on mouth cleanliness will be true and effective.

Recommendations that produce no results are doubly wasted.

But when good results become plainly noticeable, what patient can fail to appreciate the advice that preceded the results?

Mercitan Lotion adds a link to the connection between the dental office and the home. It represents a new principle strictly in accord with modern dental purposes, and is entirely free from the harmful or worthless substances that do no credit to modern dental knowledge. Therefore, it is able to supplement operative work with genuine effectiveness and to put real meaning into the professional advice on the home routine.

WITH YOUR APPROVAL, and without any bother or obligation on your part, we will arrange for a stock at any drug store you may name.

FOR OFFICE USE the professional rates are attractive.

FOR EMERGENCY DISPENSING we supply 2 oz. bottles with prescription style labels, either plain or printed with dentist's name and address, at no additional cost for the labels.

FOR DETAILS please write to Toronto, or ask any salesman.



"Everybody Likes To Use It"

MERCITAN Mouth & Throat LOTION

A CAULK PRODUCT

Printed in Canada, The L. D. CAULK Co., OF CANADA, LIMITED, 172 John Street, Toronto.

SOUTHAM PRESS, LIMITED
TORONTO AND MONTREAL

The Osogenation Of A Vital Molar

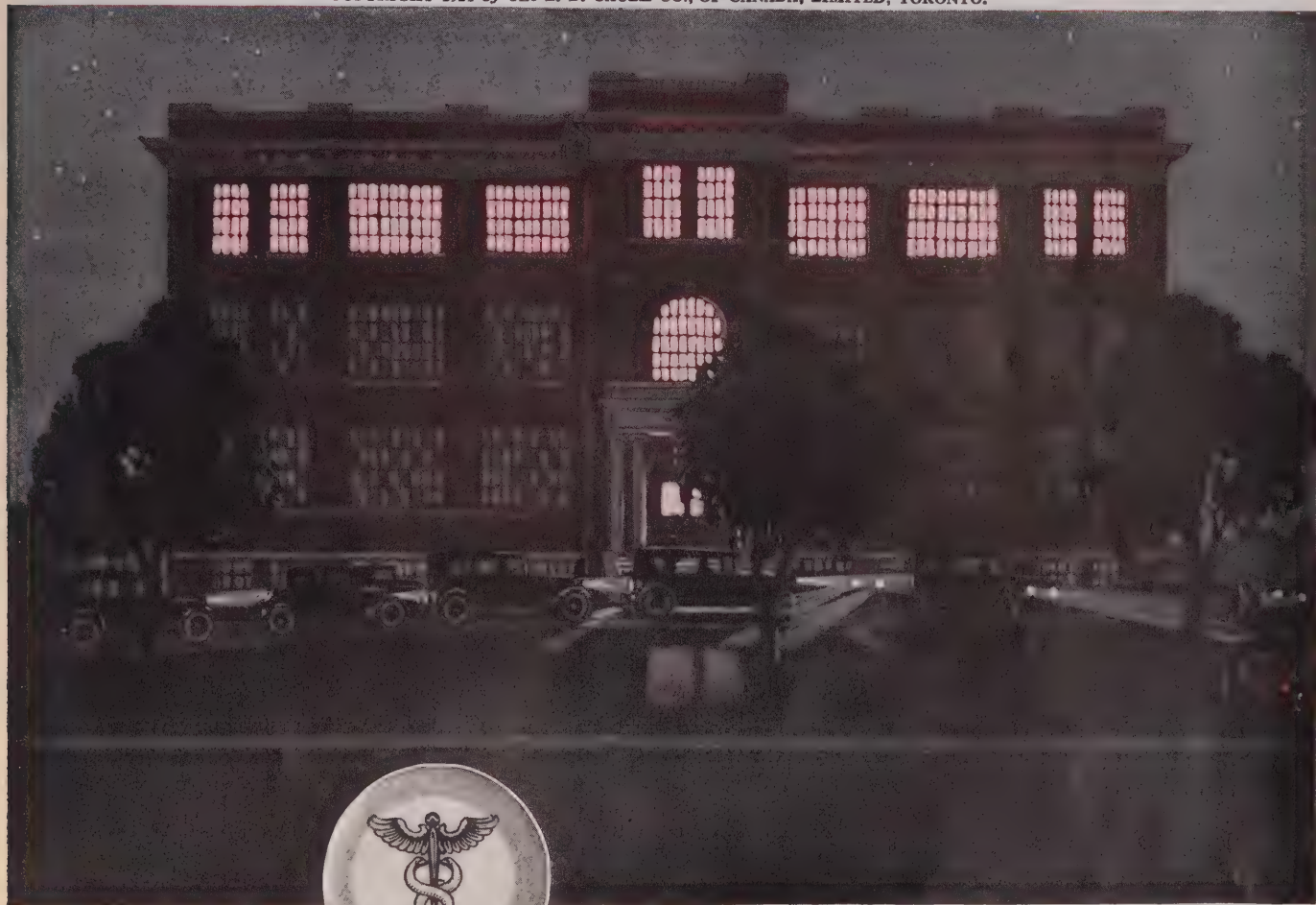
THIS EDITION 68,000 COPIES

CANADIAN EDITION

MILFORD NEWS

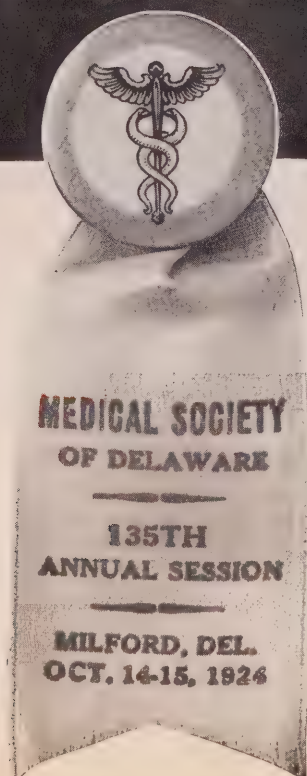
COPYRIGHT 1924 by The L. D. CAULK COMPANY, MILFORD, DELAWARE, U.S.A.
COPYRIGHT 1924 by The L. D. CAULK CO., OF CANADA, LIMITED, TORONTO.

NOVEMBER, 1924



NUMBER

38



The Caulk Research Building, Evening of October 14

..o..o..o..

Treating Otacariasis

..o..o..o..

*An Artificial Infection And What
Osogen Fluid Did To It*

..o..o..o..

What Do Patients Think About *Dentistry*
When They Read About Tooth Paste?

..o..o..o..

*The Part Played By Evaporation
In The Dental Office*

The "Business" of Being a Dentist Needs Practical Discussion

"I, too, read Julia Kirkwood's interview with Dr. L——" writes a Syracuse, N. Y., practitioner, "and was pleased to note the advent of what I hope will be continued articles on the practice-methods, practice-building, practice-maintenance phases of our profession. The "business" of being a dentist cannot be overlooked by its pilgrims in the development and pursuit of dentistry's technical and purely scientific branches.

"This does not imply commercialism but embodies practicality in its trend. The business of practicing dentistry includes in its scope not only relief and restoration but also education and enlightenment of our patients for prevention and preservation "at home." The disillusionment of our patients, by us, to eliminate wrong beliefs, false economics, false remedies, popular misconceptions and misnomers also enters into the category.

"I still have a marked copy of the Oct. 1923 issue of *Milford News*, containing the article "More Misbranding" on my table, in the waiting room, to supplement my 'chair lectures.' Let the good work go on!"

Dr. R. G. Anderson Tells His Classification of Pyorrhea Cases

IN a paper on "Pyorrhea Alveolaris" presented before the Wichita County Dental Society as reported in the *Texas Dental Journal* of July 1924, Dr. R. G. Anderson, of Wichita Falls, Texas divides his cases into three classes.

Class one he calls marginal gingivitis, characterized by several teeth affected with a dark flint-like deposit just under the free margin of the gum, in some instances completely encircling the tooth. The patient complains of gums bleeding when brushed. Salivary deposits on the lingual of the lower anteriors and buccal surfaces of upper first and second molars are also usually present in such cases. The general condition of the mouth will show neglect. Dr. Anderson's treatment is described as thorough scaling and polishing, the use of Mercitan treatment, and thorough instruction of the patient in co-operation at home.

In the second class, Dr. Anderson specifies pyorrhea alveolaris proper, characterized by bleeding gums, sore and loose teeth, foul breath, gums anemic and gradually receding from the necks of the teeth, periodontal membrane being rapidly destroyed, alveolar process being absorbed, deep pockets, pus generally present, and perhaps not much hard deposit, depending upon care of the teeth. The principal

points of treatment used by Dr. Anderson are radiography and extraction of teeth that can not be saved because of extensive bone absorption, careful scaling and polishing without laceration of tissues, and treatment with Mercitan, with which Dr. Anderson says he gets the best results. Diet and home care of the mouth are also mentioned.

In class three Dr. Anderson places the cases which indicate pyorrhea associated with or caused by such diseases as syphilis, tuberculosis, actinomycosis, diabetes, gout, rheumatism, osteomyelitis, salivation, phosphor-poisoning, and faulty metabolism in general. For treatment he says: "Let your conscience be your guide and treat the case to the best advantage of your patient. As a rule I resort to my forceps."

Are You One Of This Kind?

By the Chamber of Commerce of the United States

When you were a kid, Old Man Coogan kept the variety store in Whiskbroom Center. His sugar barrel stood next to the kerosene can and he sold harness for both horses and ladies. If you had mentioned "Overhead" to him, he would have thought you were talking about the roof. He knew as much about cost-keeping as he did about the memoirs of Madame du

Barry, and he connected advertising with circus posters.

Nowadays you can't laugh these items off; they're there whether you like them or not. If you'll not take the trouble to find out what your depreciation on fixtures is, Old Julius Whoosis across the street will, and he'll buy you out in a couple of years. You may think delivery costs and insurance are as unimportant to you as skid chains are to a hen, but there is always a competitor who'll make it his business to know where every cent goes.

Do you know what it costs you to do business?

Do you pay yourself a salary?

Who pays your rent?

What is your allowance for depreciation?

Do your losses from bad debts keep you awake at night?

How do you know where to cut costs?

Mercitan has been a great help to me in my practice; probably a third of my work now is with Mercitan.—*Virginia*

The book on Mercitan is good. I cut out a few leaves now and then and give to patients that are skeptical about the possibilities of treatments.—*Rhode Island*

As Indicated

THE junior clerk dropped a brand new pair of shoes in the waste basket. "What's the matter with those?" demanded the manager of the shoe store. "They're no good", sighed the clerk. "I've tried them on six customers this morning and they don't fit any of them."

Isn't this a good pointer to show what little real progress can be made by those merry-go-round trials of different treatments, materials or methods without first taking the definite scientific measure of the real requirements?

Each material used in dentistry should be made and selected to fit a particular purpose, just as any shoe, even a horse shoe, must be fitted to the individual foot.

G. F. Layton, Jr.

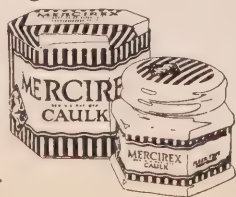


1. Condition of ear before treatment

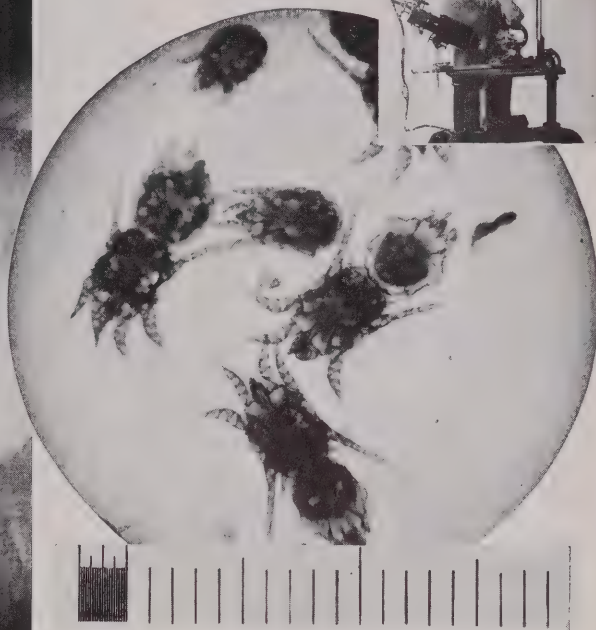
A Demonstration of Mercirex Treatment On the Ear Canker or Ear Mange of Rabbits

SNUFFLES and coccidiosis are the most troublesome diseases met with in the rearing and care of rabbits for scientific purposes, but ear canker, ear mange or otacariasis, caused by the parasitic mite *psoroptes communis varietas cuniculi*, also causes considerable annoyance to the animal and interferes with proper conduct of certain animal experiments.

This affection is confined to the interior of the conchal cartilage, originating at the root of the concha as a mild exudation. It may extend through the annular cartilage and even through the tympanic membrane. There is severe itching, tossing of the head, and violent scratching of



2. The parasites as seen through the microscope



3. Below: Healing effected by three treatments with Mercirex



the ears with the hind feet. The ear is very sensitive and after a few weeks becomes thickened, hard, painful, and filled by dirty brownish granular or waxy foul debris in which the mites are found in great abundance.

The ears usually lop, and the interior, including the lining membrane of the canal, is raw, swollen and sore. Appetite is diminished. There is emaciation, sometimes diarrhea as well as abortion and failure to breed, in some instances complicated by drowsiness, vertigo, paralysis, epilepsy and torticollis. In such cases the middle or internal ear may actually have been invaded by the mites, or if not, by the extended inflammation and possible bacterial infection. Indeed, with ear canker, the secondary bacterial infection is the prominent factor in causing aggravated symptoms and interferes most with experimental work.

It frequently occurs that rabbits received in the animal house of the Caulk Bacteriological and Pathological laboratory are found to be affected with ear canker. As an adjunct to treatment with Mercirex in various skin disorders in the human, it was thought interesting to determine what the treatment with Mercirex would accomplish in these rabbits. A typical case showing the results obtained is reported as follows:

Photograph 1 (Page 3) shows the left ear of a rabbit affected with ear canker, as described in the foregoing. Both ears were equally affected and the results of treatment were the same, though only one is illustrated.

Some of the debris was removed from each ear and the parasites (barely visible to the naked eye,) were picked out and placed on a microscope slide and mounted in balsam. Under an enlargement of thirty-five diameters, these mites appear as in photomicrograph 2. The actual size of the mites can be judged by comparison with the scale printed beneath the photograph. The finely spaced lines correspond to 1/100 of a millimeter, and the wider spaces to 1/10 of a millimeter.

Treatment was substantially the same as given in the general directions for Mercirex in treatment of human skin diseases.

The gross scabs were carefully picked off so as to prevent any additional injury and bleeding. The interior of the ear was gently washed with a solution of Mercirex Soap in warm water, then dried and anointed with Mercirex. This treatment seemed to cause very little annoyance to the rabbit, as evidenced by gentle submission to the manipulation. On the following day distinct improvement was noted. Practically all scabs had softened and could be removed very easily. Microscopic examination of scrapings revealed a number of dead mites. The treatment



Joint Meeting of Delaware Physicians and Dentists in The Caulk Research Laboratories

The 135th annual session of the Medical Society of Delaware held in Milford, October 14th and 15th, included a special joint meeting with the State Dental Association at the Caulk Research Building.

Interesting papers on medical subjects and special papers on the relation of teeth to the practice of medicine included the following titles: "The Position of the Practicing Physician in Public Health Movement." By A. T. Davis, Dover. "Pyelitis, Its Diagnosis and Treatment." By Victor D. Washburn, Wilmington. "Pulpless-Infected Teeth and the Results of Treatment." By C. A. Nelson, Milford. "Extra Uterine Pregnancy From Standpoint of a Country Practitioner." By Joseph Bringhurst, Felton. "The Present Status of Dental and Medical Knowledge Concerning Oral Infections." By Paul Poetschke,

Milford. "The Diagnosis of Mental Disease by the General Practitioner." By M. A. Tarmuanz, Farnhurst. "Scientific Research and Clinical Investigation as Conducted in the Caulk Dental Research Institute." By Paul Poetschke, Milford. "The Present Status of Duodenal Ulcer." By James G. Spackman, Wilmington. "Bacteriological and Pathological Research and Routine Examinations as Applied to Clinical Dentistry." By L. T. Giltner, Milford. "The Principles of Heredity and Their Relation to Eugenics." By Alfred Gordon, Philadelphia. "Clinical Results Obtained in the Treatment of Pyorrhea." By C. A. Nelson, Milford. "The Need for Accurate Diagnosis of Nervous Breakdowns for Successful Treatment." By Tom A. Williams, Washington, D. C.

with Mercirex Soap in hot water, followed by Mercirex was repeated. Examination two days later showed the ears quite free from any gross lesions, irritated or raw surfaces. Considerable healing had taken place. Treatment was repeated as before.

On the day following this third and last treatment, scrapings showed the absence of mites and both ears were entirely normal, in the condition illustrated by photograph 3, taken at this time.

After another interval of ten days, material was taken from the deep recesses of the ear as well as from the more external parts and under microscopical examination was found free from parasites.

Three treatments were given in this case, but other experimental cases have shown that a single treatment is usually

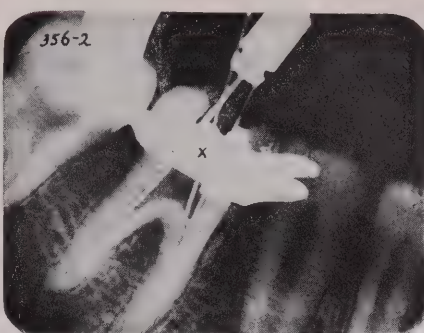
sufficient to destroy the mites.

The treatment with Mercirex Soap in hot water removes the dried blood and exudate, with considerable debris, softens the paper-like scales which are quite thick, and at the same time exerts a general cleansing and antiseptic effect. The Mercirex (a light pink, non-greasy ointment) is very penetrating. It relieves itching, softens the scales, hastens desquamation of the dried epithelium, is destructive to the mites, and antagonizes infection, thereby establishing conditions favorable to rapid healing.

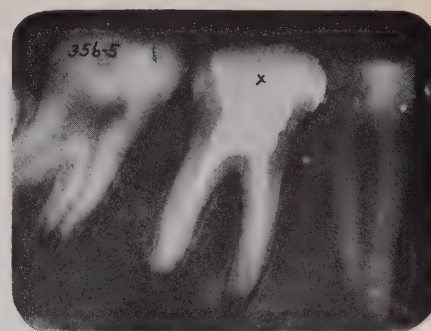
Many human skin affections are due to animal parasites or mites. The results obtained with rabbits indicate why Mercirex has proved satisfactory for such animal infestations in man.



April 28, 1923



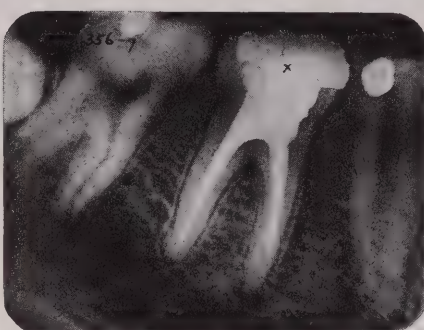
April 28, 1923



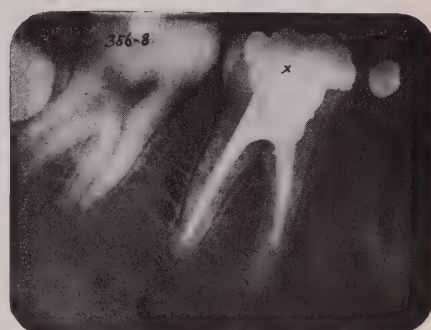
May 3, 1923



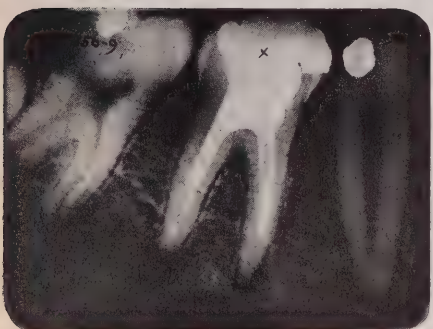
July 27, 1923



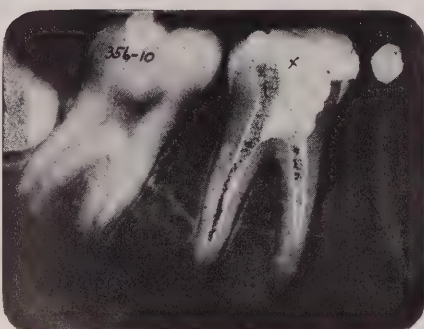
October 11, 1923



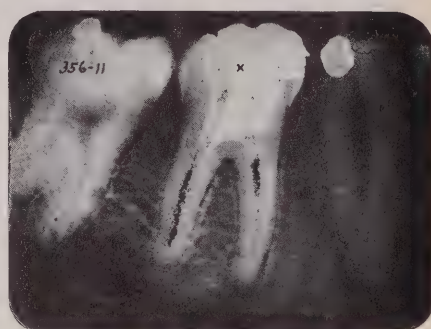
March 4, 1924



July 21, 1924



September 5, 1924



November 5, 1924

The Osogenation of a Vital Molar

THE report of case 356, treated in the Caulk Clinic, concerns treatment of a lower first molar in a boy fourteen years of age. The root apices were almost fully formed. The bulbous portion of the pulp was putrescent, but in the apical half of all three canals the tissue was vital.

Radiogram 356-1 shows the condition when the case presented. The pulp was amputated as shown in radiogram 356-2. The pulp-stump was dressed and patient dismissed for a month. Radiograms 3 and 4, taken before and after dressing, are omitted as non-essential.

On May 3, 1923, the tissues were in

healthy condition, and the canals were filled with Osogen, as illustrated in radiogram 356-5 taken on this date.

Radiograms 356-6 to 356-11, taken between July 27, 1923 and November 5, 1924, show complete freedom from periapical disturbance or rarification. The gradual closing of the apices of the second molars can be observed in these films.

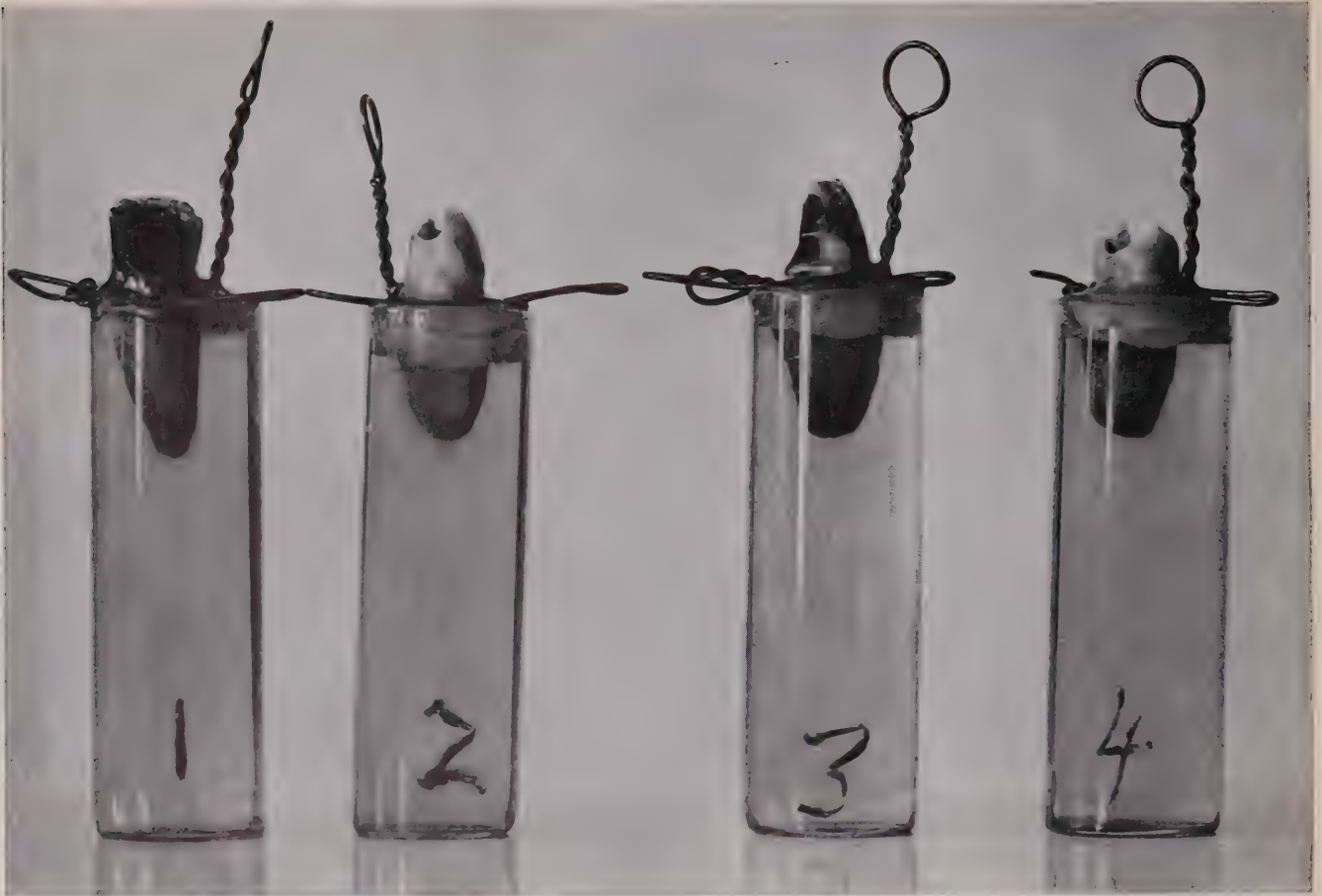
Since the filling on May 3, 1923 the boy has had no pain or discomfort.

Radiogram 356-11, the last picture available, taken November 5, 1924, one year and seven months after filling, shows

the periapical tissue in the same state of health as in the first picture.

In radiograms 356-1-5-9-10 and 11 both lobes of the mesial root are recorded. The others, taken at a slightly different angle, show only one lobe.

This demonstration of partial pulp-ectomy in connection with Osogenation is one of the latest operative developments, and since it offers a means of maintaining a healthy vitality in the pulp-stump of such cases, thus preventing the development of a periapical lesion, it promises a valuable advance in preventive dentistry.



Extracted teeth artificially infected with streptococci and the roots in a culture medium, ready to be incubated.

~ Periapical Sterilization with Osogen Fluid



After twenty-four hours incubation the growth of living organisms can be plainly seen in the form of extensive colonies descending from the roots of the teeth.

~ See the Description



Demonstrated by a Convincing Test

Teeth in 1 and 2 left untouched while canals of 3 and 4 were treated with Osogen Fluid. Picture taken one hour later. Note diffusion of Osogen Fluid, through the foramina.



On Page Eight

After the second period of incubation. Vigorous growth of streptococci from the untreated teeth and no growth whatever from the treated ones.

1624

Pennsylvania

I was much interested in the statements from the users of Mercitan. In fact most of them were expressions as of my own experience. My results from the use of Mercitan have been very satisfactory and am using it more and more as the days come.

1625

Tennessee

I have been using Mercitan now for some several months, and I will say that the results that I have obtained have been very gratifying to me and the ones treated. I am treating some seven or eight cases at the present time and have never had a failure yet of the many cases I have dismissed.

1633

Kentucky

My experience with Mercitan sounds too good to be true, and I am not joking when I say that is the reason that I have not written about it before this. I ordered it when I received your first literature in regard to the treatment. The first part of the year 1921, and since that time, I have treated about fifteen cases and so far I have had one hundred per cent. success, and, as I said, that sounds so impossible that I hesitate to tell it. My first case was one that I had treated intermittently for seven years and had dismissed in 1919 as incurable by any treatment that I could get hold of and several that I had figured out myself. The lady then tried another dentist here with the same kind of results. I have treated this case fifteen times with Mercitan (about five unnecessary treatments I think now) and now one year later there are no signs of pus formation, and so far as I can tell, not a trace of the disease. I think that the reason for the failure lies in the lack of proper instrumentation on the part of the dentist or in his application of the medicine, and this is an added reason for you people being more careful than you are in regard to putting this treatment in the hands of the quacks and the fakirs of the profession, as by doing so you would be mistreating not only the good, careful practitioners, but the laity, and in the long run yourselves. I know of dentists that have your treatment that know nothing whatever of asepsis or sterilization, or if they do know, they certainly fail to use their knowledge and, of course, this class is not going to get results and will work a handicap on the rest of us in the use of the treatment. I think that putting this treatment into the hands of all men who call themselves dentists indiscriminately will be the worst mistake you people can make.

Periapical Sterilization With Osogen Fluid Demonstrated In Convincing Tests

(ILLUSTRATED ON PAGES 6 AND 7)

THE object of the experiments illustrated on pages 6 and 7 was to reproduce a periapical infection resembling that of an abscessed or infected tooth in the jaw, and then to observe the visible effects of treating the pulp-canals with Osogen Fluid as they would be treated in clinical practice

For this purpose four freshly extracted teeth were selected, the canals were cleansed and enlarged according to the regular technique for Osogenation without enlarging any of the foramina, and the prepared teeth were then sterilized in the autoclave.

A pure culture of streptococci obtained from a clinical patient was prepared in a brain broth medium. This culture was placed in the canal by means of a Pasteur pipette and well distributed by a sterile absorbent point. Some of the same culture from the pipette was also applied to the external surface of the apical third of each root. By this internal and external application an extensive infection of both dentin and cementum was secured. Glass vials were filled with a semi-solid medium, (Hitchen's 1/10 per cent dextrose agar). One tooth was placed in each vial and supported by a wire, so that only the root was immersed in the culture medium.

Photograph 1 (1152-A) shows the four teeth immediately after being infected and planted in the Hitchen's medium. The four vials were then incubated forty-eight hours. An extensive growth resulted, as shown in photograph 2 (1152-B).

Then the teeth were removed from the vials and replanted in sterile vials containing fresh Hitchen's medium.

The specimens marked 1 and 2 were left untouched and served as controls, while the canals of the third and fourth were treated with Osogen Fluid through cavities in the crowns exactly as in a clinical case. Following this treatment a diffusion of Osogen Fluid was observed beginning at the apex of the two teeth treated. Photograph 3 (1152-C) taken one hour after treatment with the Fluid shows this diffusion, which by that time had produced an opalescent cloud in the medium. The two control teeth, not having been treated, show no change.

All four vials were then incubated twenty-four hours with the result that a vigorous growth of streptococci was again produced in the untreated controls 1 and 2; and no growth whatsoever was pro-

duced from the teeth 3 and 4 which had been treated with Osogen Fluid. The opalescent cloud which appeared in the first hour after treatment with the Fluid had by this time dissipated.

Incubation was continued for a period of two weeks without any change or evidence of bacterial growth in the treated specimens 3 and 4, whereas the untreated controls 1 and 2 developed a considerably augmented growth of organisms. The Osogen Fluid meanwhile diffused throughout the medium.

These experiments very obviously demonstrate the extent to which infected dentin and cementum can be sterilized by means of Osogen Fluid applied in a manner substantially like that employed in clinical cases.

Don't Put Off Till Tomorrow What Your Assistant can Do Today

The prospectus of the McCarrie School of Chicago, lists the following duties of the dental assistant, all of which are included in its teaching course.

Laboratory Work

Making plaster casts. Making special impression trays. Making and trimming bites, for articulation of casts. Making and soldering bands for two piece crowns.

Making and soldering clasps for partial-dentures. Casting inlays, clasps, etc.

Dental Office Work

Ventilation. Care of instruments. Care of equipment. Sterilizing. Care of linen.

Preparing patient for the dentist: Preparing instruments for the dentist. Learning to know the instruments and their uses. Local anaesthesia. General anaesthesia. Care of patient after treatment. Assisting dentist at the chair.

Mixing cement, alloy, etc. General care of office.

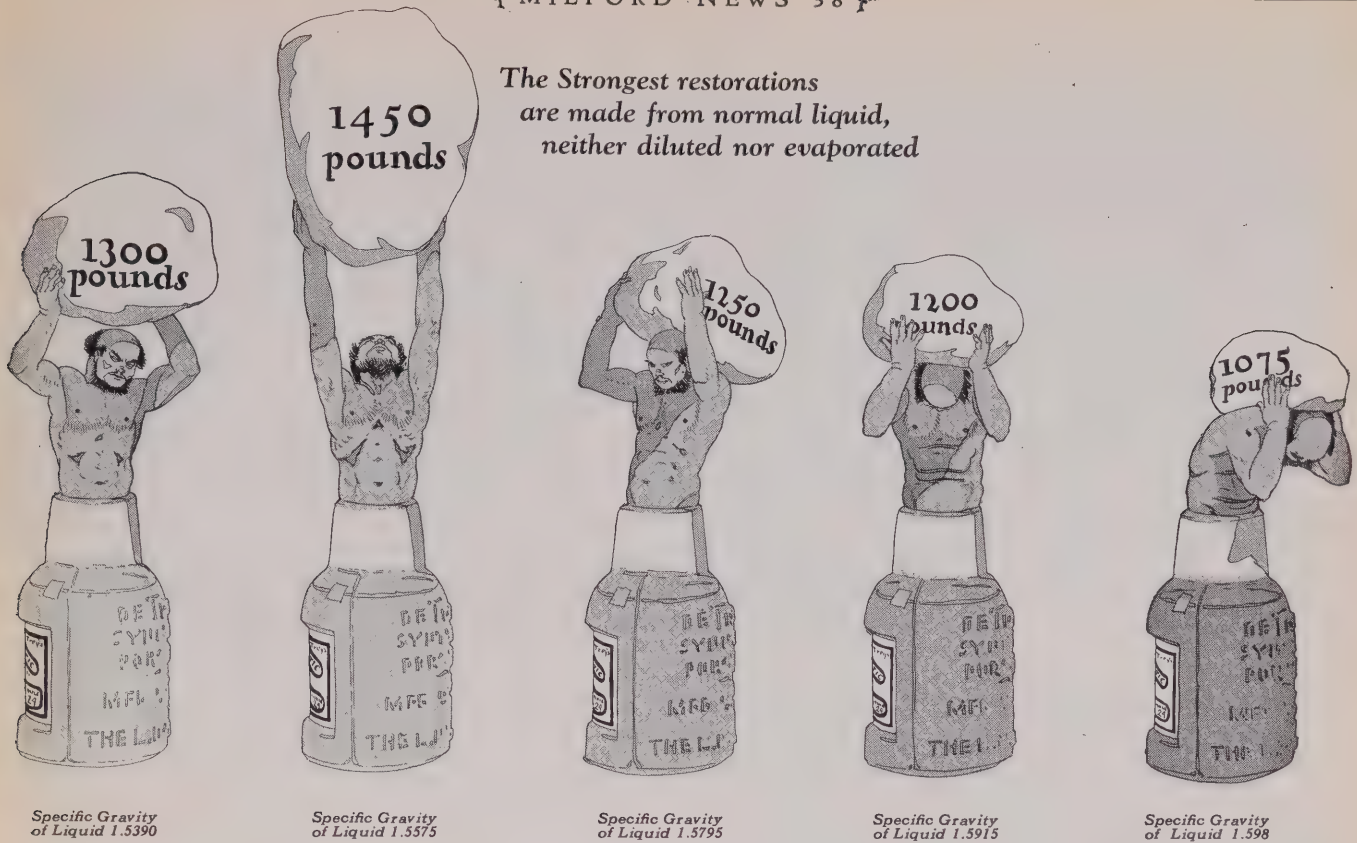
Reception Room Work

Care of reception room. Proper and efficient use of telephone. Making appointments. Proper treatment of patients, on arrival, while waiting and when leaving.

General

Personal appearance and deportment. Anticipating the dentist's needs. Conserving the dentist's time. Keeping check of supplies and how to order same intelligently. Laundry, towels, uniforms, etc. Making cotton rolls, pads, packs, etc.

Dental office bookkeeping, appointment book. Daily record of production of the office; making and sending statements of accounts, etc.



What Happens When Evaporation Sets Free The Elusive Element In The Liquid

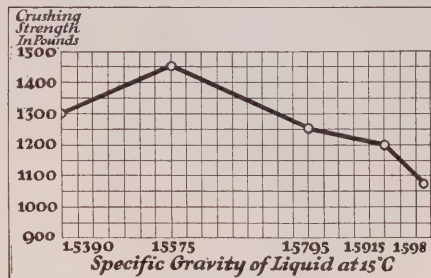
MAKING a dental cement without water is just as impossible as growing a plant without water. All dental cements, without exception—whether “zinc oxyphosphates” or “silicates”—every one *must* have water as a constituent of its liquid—and in the correct quantity.

If *all* the water were driven out by heat a cement liquid would lose its identity and become a hard, glassy solid.

Only a slight appreciation has been learned by the majority of dentists for the importance of water in cementing operations and translucent filling work.

Water, in this particular view, is not merely a solvent. It has an influential part to play in the chemical reactions that change the powder and liquid into a cementing material or a filling material.

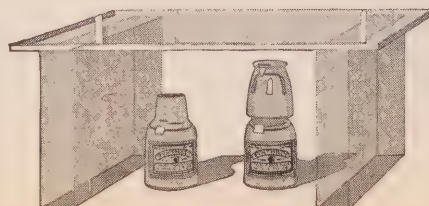
The *quantity* of water is as important as the quantity of phosphoric acid or any other constituent. When plants are robbed of their normal quota of water they wilt. Likewise, any variation in the water-content of a cement liquid, either by evaporation or absorption, will cause some lack in the normal strength and toughness of the cement. Too much water makes for rapid setting and a direct loss in strength. Not enough water results in slow setting



Influence of Specific Gravity of Synthetic Porcelain Liquid on Crushing Strength Test Specimens in Saliva 28 days

and a looser or less solid substance, which has less resistance to penetration, and therefore less strength.

When the dentist permits a bottle of cement liquid to remain uncapped or uncorked, either partly or completely, such



1

2

exposure to the atmosphere will certainly cause some change.

Most likely that change will be an evaporation of water; but in very humid weather the liquid may actually dilute itself, by absorbing water from the atmosphere.

There is no such thing as a cement liquid that is *not* sensitive to these changes. We do not ordinarily observe them because they take place slowly and are not of a spectacular nature. However, if every dentist could see what the sensitive chemical balance discloses, all liquid bottles of every make and kind would henceforth be securely stoppered. The laws of nature can not be changed to suit any one, either maker or user.

The Facts and Figures

A number of experiments have been made at the Caulk Laboratories to determine the effect of exposure on different dental cement liquids under varying atmospheric conditions. A few typical experiments will suffice to illustrate the changes which may occur in a dental office.

In a typical series of experiments, which included several different materials, full portion bottles of de Trey's Synthetic

(Continued on page 11)



"Books will speak plain when counsellors blanch."—Bacon

Comfortable Dentures

Booklets Supplied
FREE
to Dentists

No obligation except a willingness to prescribe Dentu-Creme when indicated.

oooo

This coupon will start the good work at once. Simply sign and mail.



"I must say
the little booklet
is quite complete"

writes a dentist who has tested its usefulness.

"Along the same lines as notes I have compiled from time to time and had contemplated publishing.

"And the Dentu-Creme I really believe is something we have long been looking for.

"Dentists have seemed to be satisfied with merely delivering a denture and turning the patient loose to thresh out his own problems. But your pamphlet and cleanser put a new light on the subject. A copy of "Comfortable Dentures" and a tube of Dentu-Creme in the hands of a patient are of inestimable value to the dentist and the patient in helping to get the most satisfaction with artificial teeth.

"I have taken the matter up with our leading druggist here and advised him that you also would make arrangements direct with him. He readily agreed to stock Dentu-Creme."

The L. D. CAULK CO., Toronto.

Send a copy of "Comfortable Dentures" and tell me how I can obtain copies for my patients without any cost or obligation.

My druggist's name is _____

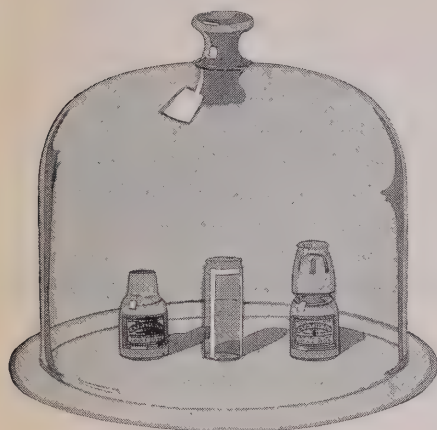
tell him I am prescribing Dentu-Creme.

(Please write name and address on the margin where there is plenty of space.)

Write for specimen copies of the free booklet "COMFORTABLE DENTURES." It supplies just the information considered correct by most practitioners and mentions DENTU-CREME in the chapter on cleaning, but otherwise contains no advertising. Address, The L. D. Caulk Company of Canada, Limited, Toronto.

(Continued from page 9)

Porcelain liquid were used. Two bottles were exposed to the normal atmosphere,



3 (Water) 4

under a glass "roof" to protect them from dust. Two other bottles of liquid and a small vial of water were placed under a

bell jar. All bottles were weighed on beginning, and subsequently, for a period of days. When the experiments were ended the bottles were emptied, washed and dried inside, and again weighed. In this way the original weight of liquid was obtained, from which the loss or gain in per cent was calculated. The results are given in the table and chart below.

The liquid used in Experiment 1 originally set in less than three minutes, but at the completion of the experiment, after 69 days' exposure, it had lost substantially one-fourth of its total. All of this lost substance was water. When a mix was made with the remaining liquid it required two hours to set!

Under the same atmospheric conditions, a capped bottle lost only fourteen hundredths of its weight in two weeks, and less than a half of one per cent in two months.

"Keep your liquids clean, cool and tightly shut," is a profitable maxim for the dental office.

which a dental library offers to the Dental Study Clubs.

Dr. Bostwick's subject was "The Librarian as a Surgeon of the Mind." It is important, he said, that these surgeons know their instruments, the books, but more important that they know their patients.

Dr. Bostwick is known throughout the country for his progressive policies. He has shown this spirit in offering to administer the Dental Library as a service to the public. The facilities of the Public Library for keeping the books without increasing the overhead expense are far greater than a separate library could offer. The books can be used for reference, will be loaned in person or mailed to any dentist for the mere cost of postage.

The library was started eight months ago by captains appointed by the president of the Society to solicit donations of money, books and journals. Over two hundred dentists contributed funds and a great many gave publications. The library has, or expects, about twelve hundred volumes including many old and valuable books and complete files of rare journals. Although the books are in the public library, they remain the property of the St. Louis Dental Society.

ALTERATION OF WATER-CONTENT IN CEMENT LIQUIDS EXPOSED TO THE ATMOSPHERE

IN NORMAL ATMOSPHERE			IN MOIST ATMOSPHERE		
Days Exposed Average Temp. 71° F.	Experiment 1 Without Cap	Experiment 2 With Cap	Days Exposed Average Temp. 71° F.	Experiment 3 Without Cap	Experiment 4 With Cap
1			1	Lost 0.25%	No Change
2	Lost 1.88%	Lost 0.02%	2	Lost 0.23%	No Change
3	Lost 2.76%	Lost 0.02%	3	Lost 0.33%	No Change
4	Lost 3.78%	Lost 0.04%	4	Lost 0.43%	
5	Lost 4.63%	Lost 0.04%	5		
6	Lost 5.52%		6		
7			7	Lost 0.51%	No Change
9	Lost 8.52%	Lost 0.07%	9		
12			12	Gained 0.01%	No Change
14	Lost 12.07%	Lost 0.14%	14		
18			18	Gained 0.03%	No Change
20	Lost 15.90%	Lost 0.18%	20		
33			33	Gained 0.57%	No Change
35	Lost 22.12%	Lost 0.30%	35		
43			43	Gained 0.89%	No Change
45	Lost 23.42%	Lost 0.36%	45		
54			54	Gained 0.51%	Gained 0.01%
56	Lost 24.96%	Lost 0.41%	56		
67			67	Gained 0.82%	Gained 0.02%
69	Lost 24.59%	Lost 0.46%	69		

The sweet young thing had broken her glasses. She took the remains of them back to the optometrist. "I've broken my glasses," she said, "do I have to be examined all over again?"

The young optometrist sighed. "No," he answered, "just your eyes."

Photographed Inside the Canal

How can a photograph be made to illustrate work being done inside a pulp-canal? Simply by using only half a tooth—a longitudinal cross-section. In this way each important step in the use of Osogen has been pictured in the new, enlarged edition of the booklet "Osogenation". Copies free on request.

The St. Louis Dental Society Finds a Library from which Practitioners May Borrow In Person or by Mail

The formal dedication of the St. Louis Dental Society Library was attended by a large number of dentists at the Chase Hotel on October 18, 1924.

The principal features of the program were the addresses, broadcasted over the radio, by Dr. Arthur D. Black, and Dr. Arthur E. Bostwick, Librarian of the St. Louis Public Library. Dr. B. E. Lischer, Librarian of the St. Louis Dental Society, acted as toastmaster.

Dr. Black spoke twice. His topics were "Preventive Dentistry", the growth of dental literature and the opportunities

A Textbook Better Than Most

I surely did receive your book "Osogen" and have been fortunate enough to read nearly all of it and absorb a good deal of information which I formerly did not possess. It is as good a textbook as any I have seen and better than most. Your process of diffusion by osmosis impressed me as being vastly superior to any other and seems the most practical. My experience with the essential oils has been very limited, but I have faith in the adage that "oil and water do not mix." I have not used oils for this purpose for a long time. Certainly I would consider a treatment as successful that showed no clinical systemic or radiographic fault. As to the advantage of a plastic filling material over the old chlora-percha nuisance there can scarcely any doubt arise. Your book seems to cover every point of therapy of root-canals with which I am familiar and many which are new to me. It seems to be a finished work.—Chicago, Ill.

A Transparent Technique

Received book. Yes, the work meets with all the requirements in pulp-canal therapy as I understand them. The big problem is to get complete access to the canal and get the canal enlarged so as to be able to fill it properly to but not thru the apex. Ionization aside from the objectionable time consumed is a procedure that

(Continued on page 14)

Poison Ivy

Have had splendid results from the Mercirex. We live near the woods and my little child has Ivy poisoning almost all the time in summer. After two applications of Mercirex it started to heal and is now nearly gone.—*Columbia, Pa.*

Two Letters From Sugar Loaf

My wife had the eczema on the back of her head for about four years. Since she is using the Mercirex treatment it is helping her very much.—*Sugar Loaf, Pa.*

My little daughter, seven years old, had the eczema on her arm and head and could not find any treatment to cure it. I have used Mercirex only two months and her arm is healed.—*Sugar Loaf, Pa.*

Well Satisfied

Have purchased the Osogen outfit thru the Easton Dental Supply Co., and so far I have been very well satisfied with the results obtained.—*Easton, Pa.*

This Ingenious Age

*From Architecture and the Machine
By Lewis Mumford in The American Mercury*

BY systematically neglecting the simplest elements of city planning, we have provided a large and profitable field for all the palliative devices of engineering; where we eliminate sunlight we introduce electric light; where we congest business, we build skyscrapers; where we overload the thoroughfares with traffic we build subways; where we permit the city to become congested with a population whose density would not be tolerated in a well-designed community, we conduct hundreds of miles of aqueducts to bathe it and slake its thirst; where we rob people of even the faintest trace of vegetation or fresh air, we build metalled roads which will take a small portion of them, once a week, out into the country. It is all a very profitable business for the companies that supply light and rapid transit and motor cars and the rest of it; but the underlying population pays for its improvements both ways—that is, it stands the gratuitous loss, and it pays for the remedy.

"These mechanical improvements, these labyrinths of subways, these audacious towers, these endless miles of asphalted pavement do not represent a triumph of human effort: they stand for its comprehensive misapplication. Where an inventive age follows methods which have no relation to an intelligent and humane existence, an imaginative one would not be caught by the necessity. By turning our environment over to the machine we have robbed the machine of the one promise it held out—that of enabling us to humanize more thoroughly the details of our existence."



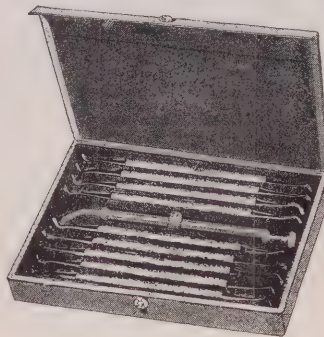
11 3/4 x 6 x 5 1/4

THIS improved CABINET is less than a foot long. It fits the compact modern office, keeps the Synthetic Porcelain equipment intact. The contents are sold at quantity rates. The cabinet itself, a beautiful piece of mahogany cabinet work, costs nothing whatever.

Pure White and Extremely Hard Finishing Stones



THE hardest of all filling materials, Synthetic Porcelain, requires a very hard stone for smooth finishing. This is provided in the Caulk ALPINE POINTS. The Finishing variety (blue label) are snow white. The Abrasive kind (yellow label) are sand color. Both kinds outwear two or three points of any other dental abrasive.



10 Instruments That Do the Work of 200

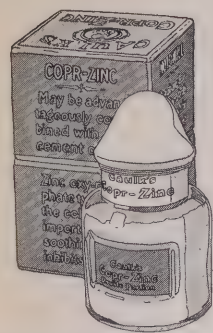
IN the selection of instruments for amalgam work, the dentist is confronted with a miscellaneous collection of unrelated designs accumulated through different periods of technique and now obsolete. The Caulk STELLITE AMALGAM SET provides modern efficiency without duplication.



The Material That Made Gold Fillings Obsolete

WHEN de Trey's SYNTHETIC PORCELAIN was introduced in the Americas by Caulk, gold or baked porcelain made the only permanent restorations for anterior teeth. The change to Synthetic Porcelain was done in slow-motion but no dentist today has any doubt regarding the most satisfactory material for anterior restorations. This is the well known one-shade package, full portion.

How Many CAULK PRODUCTS Do You Make Use Of?



Makes Plain Cement Germicidal When Required

MIXING a small amount of COPR-ZINC with plain Crown & Bridge Cement adds one hundred per cent germicidal efficiency without affecting strength, impermeability, or any other property. This method enables the dentist to employ the germicide or not, as conditions indicate, as in cementation of teeth deeply infiltrated, badly broken-down posteriors; or deciduous teeth, when complete cavity preparation is not practicable.

To Prevent Ruthless Extraction

I have read the book you sent me on pulp-canal therapy with *much interest*, and consider the method a distinct advance in the effort to save teeth and to prevent the ruthless extraction of so many of them as are daily being sacrificed because of the inability on the part of so many dentists to save them. Please accept my hearty thanks for such a valuable and splendidly illustrated book, and which I shall continue to read with much pleasure and profit.—*Boston, Mass.*

Results Satisfactory

I have made a study of the treatment and purchased from the John Hood Co., here in Boston the Osogen outfit. I am using the treatment on every case I have of that nature and so far the results have been very satisfactory.—*Boston, Mass.*

Thanks For The Book

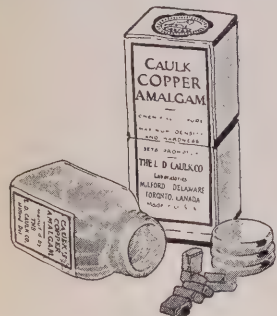
The copy of "Management and Treatment of Putrescent Pulp Canals and Periapically Infected Teeth"—with Osogen, received this forenoon. It is certainly well gotten up—and a credit to the Co. The least I can do is to thank you for the copy—it will be carefully reviewed whether I ever resort to the materials suggested or methods contained therein, in practice or not.—*Chicago, Ill.*

Always Something New

Accept my thanks for the treatise received today on Osogen. It shall be tried by me at once with the hopes that it will be as much of a gratification as Mercitan. The least that one could do would be to thank your organization for this helpful publication. I wish to express to you again my thanks and congratulate Caulk's for what it is giving dentistry each year.—*Galena, Ill.*

One Who Knows By Experience

In reply to yours of recent date; I received your book and went through it very carefully because I am quite concerned in anything pertaining to this kind of work. I think you deserve much credit for the detail research which you have done along this line and I hope that much good may come from it, for the profession as well as for yourself. I have been for two years doing considerable work along this line using ionization with Churchill's iodine and am more than pleased with the results as shown by some check-up radiographs. Later I fully expect to attempt to grow cultures from some roots which I will extract. Again expressing my congratulations for what you are doing.—*Indianapolis, Ind.*



Improved Copper Amalgam

WHEN nervous children become difficult to work for in the dental chair, or when frail posteriors have to be saved, copper amalgam has long been relied upon for its simple manipulation and germicidal action. CAULK COPPER AMALGAM is distinguished from others by its freedom from all oxides and impurities. The setting is more rapid than other copper amalgams. The texture also is finer and the strength 25 to 50 per cent greater.



Looks Exactly Like LIVE Gum Tissue

DE TREY'S PROTESYN PORCELAIN is *not* intended for full dentures with vulcanite base. But to partial dentures that have rigidity enough to preclude cracking, Protesyn gives a natural color and texture that can not be distinguished from live gum tissue, even at close range.



Beeswax in Three Forms

CAULK PURE BEESWAX is put up in thin SHEETS for building bites and contours on trial plates; also in boxes of ten handy CAKES for impressions. Another form is beeswax in combination with PARAFFIN. Half-pound boxes.

Your Dealer Has These CAULK PRODUCTS In Stock

(Continued from page 11)

is terrifying to patients who have a fear of electricity, and there are many such. X-ray operators know that. Many rarefied areas I believe are the result of treating the canal with strong medicaments.

I believe you have worked out a complete technic for the management of pulpless teeth and a method that will produce about twenty-five per cent of what you claim for it in the hands of the profession who buy it. My placing that high a rate of failure is that I believe only twenty-five per cent of the men will use your treatment as you direct. The rest will use it to suit themselves. I believe the big problem in root-canal work is opening the canal to a size that will allow for manipulation. Too many men are going to seize your Osogen as a one-minute cure-all. My reason for ordering the outfit was simply this. It's the first time I've been able to find a complete technic legibly written and easy to follow or rather easy to see how to follow.—Fort Dodge, Iowa.

Practical

The book setting forth "Root Canal Treatment by Osogen Method," received and I have read it through and purchased an outfit of Osogen. However, I have not had just the case in which I wish to use it. Your theory of the Osogen sounds very good to me, and I am anxious to proceed with it as soon as possible. Thank you very much for the book.—Worcester.

Make Your Own Ammoniacal Hydrogen Peroxide

For Osogenation

DON'T try to buy *ammoniacal* hydrogen peroxide. Buy Ammonia Water U. S. P. and a good grade of hydrogen peroxide. Keep these in the office and make a *fresh* mixture immediately before use.

Simply add one part of the U. S. P. Ammonia Water to four parts hydrogen peroxide.

Never use *acid* peroxide in connection with Osogen. Always make it alkaline as described above. Always see that the peroxide is *fresh* and the mixture freshly made.

This detail of treatment prevents subsequent discoloration caused by the presence of putrescent organic material in the dentin. It also accomplishes a superficial bleaching. Repeat the application of the hydrogen peroxide until it practically ceases to effervesce, showing that the putrescent material is destroyed.

NEVER, under any circumstances, allow the hydrogen peroxide to enter or be forced into the periapical region where the

Check Up What You Want with What You Get

*Twenty main factors can
be counted essential in your
translucent restorations.
Are you doing your part?
Does the material you use
meet all the specifications?*

THE DENTIST

IS RESPONSIBLE FOR THESE
TEN FACTORS

1. Correct cavity preparation and retention.
2. Protection of pulp against bacteria, shock, trauma, etc.
3. Protection of material against evaporation and contamination.
4. Selection of shade.
5. Study and practice of correct mixing.
6. Protection against drying out or wetting during the period of initial setting.
7. Protection against movement while setting.
8. Trimming for occlusion, contour and contact.
9. Polishing.
10. Smooth, level, solid margins.

THE MANUFACTURER

IS RESPONSIBLE FOR THESE
TEN FACTORS

11. Ample strength to stand mastication.
12. Hardness to resist wear.
13. Density—fine grained structure.
14. Imperviousness to oral fluids and medicaments.
15. Constancy of volume, like natural dentin.
16. Translucency like natural tooth enamel, neither too glassy nor too stony.
17. Permanent shades, capable of matching any part of a natural tooth and of staying matched, without bleaching or darkening.
18. Cohesion of the mass and adhesion in the cavity.
19. Complete and correct directions for mixing, filling and finishing.
20. Accurate charts for the blending of shades.

*Synthetic Porcelain—the one
and only material entitled to that
name—has stood the test of twelve
years worldwide use because it
actually has all the properties
absolutely essential to the work.
That is why it can not be dupli-
cated. "The oftener you try other
materials the more you appre-
ciate Synthetic Porcelain."*

pressure of liberated oxygen may cause a spreading of the infection with consequent pain. This is prevented in most cases by limiting the broaching of the canal 1 or 2 millimeters short of the apex. If the canal is open all the way to the apex when the case presents, take care not to plug the canal with any smooth instrument. The oxygen gas will *not* force hydrogen peroxide into the apical region providing it can escape via the pulp chamber.

A Super-Ethical Complex

He had opened a fish shop and he ordered a new sign of which he was very proud. It read: "Fresh fish for sale here."

"What did you put the word 'fresh' in for?" said his first customer. "You wouldn't sell them if they weren't fresh, would you?"

He painted out the word, leaving just "Fish for sale here."

"Why do you say 'here'?" asked his second customer. "You're not selling them anywhere else, are you?"

So he rubbed out the word "here."

"Why use 'for sale'?" asked the next customer. "You wouldn't have fish here unless they were for sale, would you?"

So he rubbed out everything but the word "fish," remarking: "Well, nobody can find fault with that sign now, anyway."

A moment later another customer came in.

"I don't see the object in having that sign 'fish' up there," said he, "when you can smell them a mile away."

A Name

I have used the L. D. Caulk goods for years. When I see that name Caulk, it is always right—none better in the world and very few as good. Thank you very much for the book and other favors you have shown me.—Jetmore, Kans.

Overcoming The Failures

I have read carefully your book on Osogen, and am much impressed with the possibility of at last getting a root-filling that will overcome the failures of the past. I have bought a package of Osogen and will give it a thorough trial.—Shenandoah, Iowa.

Another Welcome

As to your book, I have read it carefully. You certainly gave Osogen a good trial before giving it to members of profession. Cases shown are stubborn and cleared up well. All facts about Osogen are good and I certainly welcome the preparation. Will say more when I have used it more.—Orange City, Iowa.

"I WANT the same
Tooth paste
they gave me at
the Caulk Clinic."

THAT PERSISTENT INQUIRY in drug stores of Delaware, Maryland, and Pennsylvania carried the Caulk Company rather unwillingly into a new field of manufacture.

BESIDES THE DESIRE of patients to have more of the same, a great many dentists who were using Mercitan began to ask, "What dentifrice does the Caulk Clinic recommend for home use between treatments?"

UP TO THAT TIME the dentifrice used in the clinic had no name. It was made only in small quantities, put up in plain tubes, and given with verbal instructions for use at home.

NO SPECIAL DENTIFRICE would have been necessary if any of the tooth pastes on the market had proved suitable for the requirements. Many were rejected for acid decalcification of the teeth, alkaline irritation of the gums, fermenting or putrefactive influences, strong drugs, or too much grit. Others, though harmless, either failed in cleaning or in some other essential.

EVERY FEATURE of Mer Dentifrice therefore originates in the actual requirements of the modern dentist, as demonstrated in the research clinic. How these exacting requirements were satisfied, is another story.

IN SUBSEQUENT ISSUES of Milford News the novel and interesting features of this different kind of tooth paste and the effects of its use, will be described and illustrated in detail.

Convenient and Economical Sizes

Mercitan Lotion is supplied in eight ounce bottles, gallon bottles, and a two ounce size (for dispensing).

Dilution with plain water increases the usable quantity to four times the quantity purchased.

Mer Dentifrice is sold in a "Family Package" of three-tubes-for-a-dollar. Or in single tubes at 35 cents.

Professional rates to Dentists.



THE FAMILY PACKAGE \$1.00



What

Do Patients Think About Dentistry
When They Read About Tooth Paste?

THE attention of the patient, for whom you prescribe or recommend Mer Dentifrice, is immediately attracted to the leaflet attached to the tube. This leaflet is remarkable because it truly represents the principles of modern dentistry on the subject of oral cleanliness, without any cure-all propaganda or misleading exaggerations that run dead against professional aims and contradict professional teachings. No dentist is ever embarrassed by knowing that his patients have read the descriptions of Mer Dentifrice and Mercitan Lotion or the directions for their use. In fact, by calling attention to the leaflet, or to particular parts of it, the dentist saves himself much trouble in properly instructing his patients.

A post-card, or the coupon below, will enable us to assist in filling your prescriptions promptly in your town or neighborhood.

THE L. D. CAULK COMPANY OF CANADA, LIMITED, TORONTO

☐

YOU MAY TELL MY DRUGGIST I am interested and intend to prescribe Mer Dentifrice and Mercitan Lotion. Make your arrangements with him accordingly. His name is _____

☐

TELL ME about your special offer on dispensing size bottles of Mercitan Lotion with R labels. Also give me further particulars about the Dentifrice and Lotion.

(Please write NAME and ADDRESS on the margin where there is plenty of space)



MERCITAN *Mouth & Throat* LOTION

MER-DENTIFRICE

IN these twin preparations the dentist has available, for recommendation to his patients, a mouth lotion and a dentifrice sponsored by a dental house in which he has full confidence, made strictly in accord with the principles of modern dental science, and free from all the empirical fads, obsolete formulas and empty slogans that

do no credit to his professional knowledge or advice. ¶ No dentist could wish for any safer, more agreeable or more effective way of extending the true dental influence into the homes of his patients. ¶ The coupon on the other side of this page will let The L. D. Caulk Company know that you approve and are interested.



**University of Toronto
Library**

**DO NOT
REMOVE
THE
CARD
FROM
THIS
POCKET**

**Acme Library Card Pocket
Under Pat. "Ref. Index File"
Made by LIBRARY BUREAU**

